CERTIFICATE OF DEATH

07593

Reg. Dist. No. 215

VS A1

•		ACE OF DEATH COUNTY					2. USUAL RESIG	DENCE (Where	deceased	lived. If instituti b. COUNTY	oni Residenc	e befare a	edmission)
1			tgomery			MARYLAND		Virgin					
	_	RURAL and give no thesda (H	(its, write	1 week	STAY IN 16	c. CITY OR 1	Winche		rote limits, write R	URAL ond g	ive neares	t town)
	d	NAME OF HOSPIT	TAL (If not in hospital, o	give street	address)		d. STREET A	DDRESS				o. 1	S RESIDENCE
	U.	S. Naval	Hospital,	Bethe	esda, Md.	•		327 N.	Mai	n Street			ON A FARM?
	D	AME OF ECEASED ype or print)	Fii Phyl			Aiddle Ann	ALDERN		DATE OF DEATH	Mon Jul		Doy 21	Year 1957
	5. SI	X	6. COLOR OR RACE		RIED NEVER M	ARRIED 🔀	8. DATE OF BIRTH	4		9. AGE (In years	-		UNDER 24 HRS.
	F	emale	White	WIDOW	ED DIV	ORCED 🗌	6 July	1957		lost birthdoy) yrs.	Months	Doys H	ours Min.
ı	10a.	USUAL OCCUPATION	ON (Give kind of work king life, even if relired	done 10b.	KIND OF BUSINI	ESS OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign co	ountry)	12. CITI	ZEN OF V	VHAT COUNTR
		one	ung ilre, even ir relired	'	None		Vi	rginia			J	J.S.	
ı	13. F	ATHER'S NAME					14. MOTHER'S	MAIDEN NA	WE				
١	V	erne H. A	ALDERMAN				Margare	t RIDE	IR				
	15. \	VAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT	Y NO. 17. I	INFORMANT			Add	ress		
N	N	O I	(If yes, give war or dates of t		one	Of	ficial Na	avv Rec	ords				
ı		B. CAUSE OF DEA	ATH [Enter only ane co	use per li	ine for (o), (b), on							INTERV	AL BETWEEN
ĺ		PART I. DEA	TH WAS CAUSED BY:									ONSET	AND DEATH
		7544	DUE TO										
1		Canditions, if a	anu which \										
		gave rise to i	mmediate (,	- 11-	- 1					4	- 4
		lying couse last.	the under-	, Co	mgEncle	il 178	eare the	sease	_			1	days
	CATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASI	E CONDITION GIV	EN IN PART	F	WAS AUTOPSY PERFORMED?
	RTIFE	20a. ACCIDENT WA	AS UNDERLYING II GI CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	IRY OCCURRE	D. (Enter nature o	f injury in Par	t I or Part	III of item 18.)			
	MEDICAL	Haur a.m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRE	fo	ACE OF INJURY (Home, farm, bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
i		21. I certify th	nat I ottended the	decens	sed from 14	July	. 19 5	7 to	21 J	uly, 19 5	7 that 11	ast saw	the decease
ı		alive on 21	July	19			occurred at	.,					
		1	,		K					reet, city ar town,		o date	DATE SIGN
		ACTUAL CL	isseel M	eller	to LIC	me) W	M.D. U.S.	Naval	Hosp	ital, Be	thesda	a. Md	.7-22-5
				1	//								
		PHYSICIAN'S RUI NAME (Type)	BEELL MILLE	RJR	LT,MC,	USN	U.S.	Naval	Hosp	ital, Be	thesda	a, Md	•
1		BURIAL, CREMATIC	N, 22b. DATE THEREC		22c. NAME OF	CEMETERY O	R CREMATORY	2	2d. LOCAT	ION (City, tawn,	or caunty)		(State)
	I	REMOVAL (Specify)	7-24-57		Priv	ate Cer	metery	01-5	Winc	hester,	Virgin	nia	_
							- V						-
	23. F	UNERADDIPECTOR	SAIGHATURA K		ADDRESS			240. REC'D I	BY REGIST	RAR 245 REGI	STRAR'S SIG	NATURE	11
		MOLY	MY MILO	Vinc	ADDRESS hester,	Virgin	ia	240. REC'D I		1/1/	strar's sig	NATORÉ .	Farre

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 07594 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Montgomery Maryland MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) davs Silver Spring Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 8035 Eastern Avenue The Clinical Center, Bethesda lh. Md. YES NO X NAME OF DATE First Middle Month DECEASED OF DEATH Robb Allensworth French July (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH lost birthdoy) Months Male White WIDOWED | DIVORCED June 9, 1901 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Salesman Real Estate Kentucky U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James B. Allensworth Evie Robb 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Clinical Center, Bethesda 14, Maryland No 214-34-7106 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO Conditions, If ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work July 24 June 3 57, that I last saw the deceased 21. I certify that I attended the deceased fram , and that death occurred at 8:50 alive on July 21 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 25 July 1957 ACTUAL The Clinical Center Boggs M. Institutes of Health PHYSICIAN'S Bethesda ll. Maryland NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) burial Wash Memorial Prince Georges County, Md 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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this certificate has been signed by the attending physician and campletely filler. By the funeral director, for east the burial-transit permit. Then please remave carbon papers. Pages 4 2 shauld be filed with remartian, ar remaval, and in any event within 72 hours after death.		PLACE OF DEATH	~
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zh zh	D	d. NAME OF HOSPITA OR INSTITUTION	L
90		artnershi NAME OF	- -
e iii		NAME OF DECEASED (Type or print)	J
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DIRECTOR: Id be detack prior to bur		ACTUAL SIGNATURE	4
DIR Plant		PHYSICIAN'S	
Strong St		NAME (Type)	Ξ
Provention by the haspital of differency by FUNER'S DIRECTOR: After this certificate hage 3/4 and be detached for use as the burthe registrar priar to burial, crematian, ar rem	220	BURIAL, CREMATION REMOVAL (Specify)	,
E 0 0 =		Burlal	1

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

Marylander	fourside corporate limits, write RURAL and give nearest town) ne ca Colesville
Maryland CITY OR TOWN (IF of ETAL – Sen Lost LNUTT FOR BIRTH M. 19,186 II. BIRTHPLACE (Sone Ca, MOTHER'S MAIDEN N Emily Damant F. Allnu	foutside corporate limits, write RURAL and give nearest town) ne ca Colesville
CITY OR TOWN (IF OF PARTY MANT) E OF BIRTH M. 19,186 II. BIRTHPLACE (STONE Sene ca, MOTHER'S MAIDEN N Emily Damant F. Allnu Lemon	fourside corporate limits, write RURAL and give nearest town) ne ca Colesville
LOST LOST LOST LOST LOST LOST LOST LOST	e. IS RESIDED OLESVILLE 4. DATE OF DEATH JULY 100,11957 9. AGE (In years lef UNDER 1 YEAR IF UNDER 2. Age) Map this Days Hours 93 yrs. 12. CITIZEN OF WHAT CO US NAME AWSON Address UTTO POOLESVILLE, Md. INTERVAL BETWINDER 1 AND DE. INTERVAL BETWINDER 1 AND DE. ONSET A
LNUTT TE OF BIRTH IN .19,186 II. BIRTHPIACE (STONE Seneca, MOTHER'S MAIDEN N Emily Da MANT F. Allnu	Olesville 4. Date
LOSI LNUTT TE OF BIRTH IN .19,186 TO BERTHPLACE (STONE SENE CA, MOTHER'S MAIDEN N Emily Da MANT F. Allnu	A. DATE OF DEATH 9. AGE (In years less birthdoy) 93 yrs. 19 yrs. 10 yrs. 10 yrs. 10 yrs. 10 yrs. 10 yrs. 10 yrs. 11 yrs. 12 CITIZEN OF WHAT CO US 12 Address 13 yrs. 14 yrs. 15 yrs. 16 yrs. 17 yrs. 18 yrs. 19 yrs. 19 yrs. 10 yrs. 10 yrs. 10 yrs. 10 yrs. 11 yrs. 12 CITIZEN OF WHAT CO US 10 yrs. 11 yrs. 12 CITIZEN OF WHAT CO US 12 yrs. 13 yrs. 14 yrs. 15 yrs. 16 yrs. 17 yrs. 18 yrs. 19 yrs. 19 yrs. 19 yrs. 19 yrs. 10 y
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m.19,186 D. BIRTHPIACE (STONE Seneca, MOTHER'S MAIDEN N Emily Da MANT F. Allnu	of the or foreign country) Maryland Address With a Republic of the property
MOTHER'S MAIDEN N Emily Da MANT F. Allnu	or foreign country) Maryland NAME awson Address utt- RFD Poolesville, Md. INTERVAL BETWIND ONSET AND DE CONSET AND DE CONSE
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Emily Da	Address utt- RFD Poolesville, Md. INTERVAL BETWOONSET AND DE 2000
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F INJURY (Home, farm Ireet, office bldg., etc.	rm, 20f. (City or town) (Caunty)
Bo	19.57, that I last saw the december of the date stated of ADDRESS (Street, city or town, state) DATE OF THE STREET OF THE STRE
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MATORY	22d. LOCATION (City, town, or county) (State) Beallsville, Md.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07552 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

> e. IS RESIDENCE ON A FARM

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

(County)

(State)

DATE AIGNED

(State)

YES NO

Year

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DECASED IN STANDER MCCIURE ASHLEY DEATH July 11, 19 S. SEK MALE Male Monte Mont		>	0750	CERTII	ICA	TE OF DEAT			Reg. Dist.	No. 2	16
B. CHY OTWN Goulis corporate limits, write C. LENGTH OF STAY IN 15 C. CHY OF DOWN Goulis de corporate limits, write RURAL and give nearest form)		1. PLACE OF DEATH o. COUNTY	V 100				here deceased		n: Residence	before admi	ssion)
Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street oddress) S. NAME OF HOSPITAL (If not in hospital, give street oddress) S. NAME OF HOSPITAL (If not in hospital, give street oddress) S. NAME OF DESTINATION S. SEX NAME OF FIRST MCCLURE ASHLEY MCCLU						Marylan	d	3, 600,111	Montg	omery	
Chevy Chase d. NAME OF MOSPITAL (If not in hospital, give street address) 5. W. Melrose Street 5. W. Melrose Street 5. W. Melrose Street 5. W. Melrose Street 75 Graph 3. NAME OF DECRASID 13. NAME OF DECRASID 14. SAME OF DECRASID 15. SEX 16. COLOR OR RACE 16. MORNING 10. SUSUAL OCCUPATION (give kind of work done) 10. SUSUAL OCCUPATION (give kind of wo		b. CITY OR TOWN (If outside RURAL and give neares)	de corporote limits, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corpore	ote limits, write Rl	JRAL and give	e nearest tov	vn)
SO RASHINGTON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 DE TO CONTRIBUTION COURT ON CALLE CANCERED 18. CAUSE OF DEATH CANCER CANCERD CANCERD COURTED COURTED COURTED COUNTY CANCERD CA		Chevy Chase				Chevy Ch	ase ×	2			
3. NAME CONTRIBUTIONS CONTRIBU		d. NAME OF HOSPITAL (IF	not in hospital, give street	oddress)		d. STREET ADDRESS		1			
DECASED DEATH JULY 11, 19 S. SEX A. COLOR OR RACE Married Never Married None Decase None None It Mother's Malde Noting life, even if relived) Dep. Agriculture None Address Harriet P. Ashley—Item# 2 Item only one couse per line for (o), (b), and (o). Item of more of in my, which gove rise to immediate cotes (o), stoling the yunder (o). Due to Conditions, if any, which gove rise to immediate cotes (o), stoling the yunder (o), stoling the yund)		rose Stree	t		5 W. Mel	rose S	Street			
S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRT! 2/20/72 9. AGE (In years load brit does) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind			First	Middle		Last	4. DATE	Mont	h	Day	Yeor
Male White widowed Divorced Washington, Doy, Moonths, Doy, Hours 100. USUAL OCCUPATION (Give kind of work done) 100. Months, Give kind of work done) 100. LISUAL OCCUPATION (Give kind of work done) 100. Agriculture Washington, D. C. 110. RATHER'S NAME Alexander Ashley 111. BRITHPLACE (Stole of foreign counity) 112. CITIZEN OF WHAT COUNTY 113. MATHER'S MAIDEN NAME Alexander Ashley 114. MOTHER'S MAIDEN NAME Alexander Ashley 115. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 116. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. 118. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. 119. DUE TO Conditions, if any, which gove rise to immediate cotte (e), stating the under lying couse lost. 120. ACCIDENT WAS UNDERLYING COUNTY COU			EXANDER	McCLURE	AS	HLEY	DEATH	July	11,		1957
TOD. USUAL OCCUPATION (Give kind of work adone 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of Forge nounity) 12. CITIZEN OF WHAT COURTED 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). 19. METAS ADDED STATE				RIED NEVER MARRIES	8.	DATE OF BIRTH 2/21	0/72 5	AGE (In years			
10. USUAL OCCUPATION (Give kind of work done done down with done down and some down kind life, even if relived) PROTECTION TO BE USINESS OR INDUSTRY 17. BIRTHPLACE (Stole of foreign country) Ret 12. CITIZEN OF WHAT COUNTY IN THE PROTECT IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harriet P. Ashley—Item# 2 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harriet P. Ashley—Item# 2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cotie (a), stoling the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AU PERFORM. YES OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL-EXAMINER) 20. ACCIDENT WAS UNDERLYING 10 AND PART 1(o) 19. WAS AU PERFORM. YES 19. MORE AND PART 1 (o) 19. WA		Male	hite widow	ED DIVORCED		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	VV V	6 2	Dys Hours	Min.
Dep. Agriculture Washington, D.C. US 13. RATHER'S NAME ALEXANDER AShley 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. No. or windown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate costse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AU PERFORM YES OR CONTRIBUTING COLORED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 120. DESCRIBE HOW INJURY OCCURRED (Inter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 wind work 19 work 1		100. USUAL OCCUPATION (G	ve kind of work done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SION	or foreign cou		12. CITIZE	N OF WHA	T COUNTRY?
13. FATHER'S NAME Alexander Ashley 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Harriet P. Ashley—Item# 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY: DUE TO Conditions, if any, which gave rise to immediate couse (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19: AWAS AUDITY OF THE FIRM NOTIFY Month, Day, Veor 19: Day of the line for injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20c. TIME OF INJURY Month, Day, Veor 19: Day of the line for injury in Part I or Part II of item 18.) 21. I certify that I attended the deceased from following in york 19. J., and that death occurred at 12. J., from the causes and an the date stated ADDRESS (Street, city or town, stole) ACCIDENT SAME ACTUAL SIGNATURE PHYSICIAN'S Address 14. MOTHER'S MAIDEN NAME Elizabeth COX Address Harriet P. Ashley—Item# 20 Ashley—Item# 21. I certify that I attended the deceased from factory, street, office bldg, etc.) PHYSICIAN'S ACCIDENT WAS UNDERLYING 19. J., and that death occurred at 2. J., from the causes and an the date stated ADDRESS (Street, city or town, stole) DATE ACTUAL STORMANT STANDON ADDRESS (Street, city or town, stole) DATE ANAME (Type) PHYSICIAN'S AMAME (Type) 10. ASH ANAME (Type) 10. ANAME (Type) 11. And The provided by street of death and the date of the provided by the province of the provided by the province of the prov	1		I I	Dep. Agric	ult	ure Washi	ngton	D.C.	US		
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15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The control of the control		Alexander	Ashlev			Elizabeth	Cox				
None Harriet P. Ashley-Item# 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cotice (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. AWAS AU PERFORM YES PROPERTY OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. AWAS AU PERFORM YES PROPERTY OR CONTRIBUTING COURSE (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. AWAS AU PERFORM YES PROPERTY OR CONTRIBUTING COURSE (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. AWAS AU PERFORM YES PER		15. WAS DECEASED EVER IN U	. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17, IN			Addr	ess		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cotte (a), storing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. AVAS AU 20a. ACCIDENT WAS UNDERLYING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of wo		[Yes. no. or unknown] (If yes,)	give wor or dates of service)	None	На	rriet P. A	shlev	-Item#	2		
PART I. DEATH WAS CAUSED BY. DUE TO DUE TO			Estas policinas de la como de a la		1					INTERMAL F	FELLEFIL
DUE TO Conditions, if any, which gave rise to immediate cotse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORM YES 10 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 CONTRIBUTING CAUSE OF DEATH 11 CHIEF NOT WAS UNDERLYING 12 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 12 20c. TIME OF INJURY Month, Day, Year 13 20c. TIME OF INJURY Month, Day, Year 14 20c. TIME OF INJURY Month, Day, Year 15 20c. TIME OF INJURY Month, Day, Year 16 20c. PLACE OF INJURY (Home, form, f			S.	ine for (o), (b), and (c).	1				VIII E		
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DUE TO Some part is to immediate code (a), stating the under Superior (c) S		///X	DUE TO	x. x+'				1	1		
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not with of work of wo		PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVI	EN IN PART 1	(o) 19. TVAS	ORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not with of work of wo		3						The sale	157,000	YES] NO D
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not with of work of wo		OR CONTRIBUTING C	DERLYING 20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Part I or Part	Il of item 18.)			
21. I certify that I attended the deceased from			CAL EXAMINER)					o Micael II.			
21. I certify that I attended the deceased from		20c. TIME OF INJURY ME			20e. PLAC	E OF INJURY (Home, for	m, 20f. (City o	or town)	(Cou	inty)	(State)
alive an VI/V 10, 1957, and that death occurred at 120 p. M, from the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL STUDIES STREET AND AND 3921 This occurred at 120 p. M, from the causes and an the date stated ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Stewart Clapp (Wash 15 D.C.)		P. m.			TOCK	y, aree, office blog., er	C.1		-		
alive an VI/V 10, 1957, and that death occurred at 120 p. M, from the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL STUDIES STREET AND AND 3921 This occurred at 120 p. M, from the causes and an the date stated ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Stewart Clapp (Wash 15 D.C.)		21 I contify that I	attended the decease	ed from		1047 tall	alv 1	1 105	7 that I la	t court the	dagagead
ACTUAL STUDENT STEWART CLASS (Street, city or town, stole) ACTUAL SIGNATURE STUDENT STATE M.D. 3921 Trigoup ar State, 71/200, 71/200, 21/2000, 21/2000		1 /	1/ / / 10	~17	docath	177	NA Second				
PHYSICIAN'S Stewart Clapp wash 15 D.C.		dire dil		A A and mark	ueam	occorred di					DATE SIGNED
PHYSICIAN'S Stewart Clapp wash 15 D.C		ACTUAL TI	11011 600	NI		2021	Tunn	1	-X N//	h 7	11.0
NAME (Type) S / PWG F / C / G / DAY THERESE	1	SIGNATURE	way son		M	.D	1190	state	XXX	U2	
TO BURNEY COCHATION TO DATE THEREOE			ewart!	C/app		wash	1 15	DC			
			b. DATE THEREOF	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCATIO	ON (City, town, o	r county)	(Sto	ote)
Lur-Transit 7/13/57 Homstead Cemetery Allegheny Co Pennsylv	I		/13/57	Homstee	d C	emetery	1 0770	chant	Co D	onner	r] srum i
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		23. FUNERAL DIRECTOR'S SIGN	NATURE								7. A #11. 7
Robert A. Pumphrey Bethesda, Maryland DATE 7-13-57 Besse III Lasura		Robert A. P	umphrey	Bethesda,	Mar	yland DATE 7	-13-5	7 Bess	ue)11	Harry	Japan

CESTIFICATE OF DEATH

BUREAU V. S.

BECEINED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07597 CERTIFICATE OF DEATH

07555 Reg. Dist. No. 2165

7	PLACE OF DEATH	Montgomer	y	MAR	RYLAND	- CTATE	ence (wh		l lived. If instituti b. COUNTY		ice before od	lmission)	
	Bethesda	outside corporate limits, arest town)	write	c. LENGTH OF STA			own (if o	utside carpoi	rate limits, write f	URAL and	give nearest	fown)	
		AL (If not in hospitol, give cal Center,			Md.	d. STREET AL		irst A	venue		10	RESIDENCE	?
	NAME OF DECEASED (Type or print)	Doyl	e	Midd LaFo		Avery		4. DATE OF DEATH	Ju	ly	22,	Yeor 19 5	7
5. 5	Male Male	6. COLOR OR RACE 7	MARRIE		_	8. DATE OF BIRTH April 24			9, AGE (In years lost birthday) 29 yrs.	Months	Days Ho	INDER 24 H ours Min	
100	. USUAL OCCUPATION during most of work Salesman	ON (Give kind of work do ing life, even if retired)		ind of Business Haberdash			rgia	or foreign co	iuntry)	1	S.A.	HAT COUN	TRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Ernest Wr	ight					gie E						
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE	\$7 16. 50	OCIAL SECURITY N		NFORMANTTHE							
1100	Yes (W II & Kore	an	unknown	Tr	ne Clinic	al Ce	enter,	Bethesd	a 14,	Maryl	and	
		TH [Enter only one caus TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (a), (b), and (a		AD CA	ARCI	NOY	ATOS).	٢	INTERVA ONSET	L BETWEEN	2 0 4
	180>	DUE TO			0 -						11/1	1.4	_
	Conditions, if a	ny, which) (b)	1	EFT 1	KEN.	AL CEL		CAV	CCINDS	MA	117	Pla	1.
	gove rise to it	nmediate (DUE TO								- 1			
	lying couse lost.	(c)_											
NO	PART II. OTH	IER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19. W	AS AUTOPS	SY
7		NARCOT)<	ADDIC	110	N						NO [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 21 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCI	RIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in f	Part I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 19	While	JURY OCCURRED Not while of work		ACE OF INJURY (Force), street, office			or town)	(1	County)	(\$10	ate)
	21. I certify th	at I attended the a	lecease	d fram_May	6,	1957	, to	July 2	2, 19 5	7, that 1	last saw	he deced	ased
		ly 22,	, 19 5			occurred at	3:30	PM, fram	the causes	and an t	he date s	tated ab	ave.
		UT	1 0	401.				ADDRESS (SI	reet, city or lown,	state)		PATE SIG	PHED
10	ACTUAL SIGNATURE	man	\ /	Gram					1 Center			1231	15
	PHYSICIAN'S	Commenter Co	. 7 . 4	. W D		N	ation	nal In	stitutes	of H	ealth	/	
	NAME (Type)	Gurston G	Tall	1, Fi. D.		E	ethes	da lu	Maryla	nd			
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)	-
T	ransit	7/23/57	7			1		Sope	erton,	Geor	gia	1500	L
1 30	FUNERAL DIRECTOR			ADDRESS			240. REC'	D BY REGIST	RAR 24b. REG	STRAR'S SI	GNATURE		-
R	obert A.	Pumphrey-	Bet	hesda. 1	Mary	land	DATE >-	23-6	12 / gea	nee)	Mr. H	was	(20)

8 (1,30)	DMITHAR - HTLARITSOTTE	WILD SYATE DEPARTME	TAN
10 TO	TE OF DEATH		
	ALY 2003	courses (25c)	on Empli
New Proc. of \$1100 kills		77 503	
	mand best SIR	er, Er heyde th, Yo.	the district the
71 5 15	and All All	orlo iston	
	8561 , 18 11 PM		arbei aren
		Fabercauffery	manus Lan
	Bourse Bell		district describ
	or Olinbal Center, Bet		The Table of State of the
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	(55 gCb) in Yest	to sell out become the	The same state of the same sta
BUREAU V. E.	The Oldstales Oc		
10F 25 1957	tires I fame 13 and all All abouting		edemic deserve

the large to be decided the large and



07556.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 215

1.	o. COUNTY	- dr		MAI	RYLAND	o. STATE	DENCE (Who Jirgin		ed lived. If in b. CO		n: Residence	before	admissi	on)
1	b. CITY OR TOWN (IF	ntgomery	ts write	c. LENGTH OF STA	V IN 16	-			orote limits, w	reita Di	IPAL and aiv	0.0000	net town	-
B	RURAL ond give ned ethesda (R	arest town)		1 Day			Alexan		Signal Initiality of	3×	- 3	o neore	531 10 wii	V
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS					0.	IS RESI	DENCE
U	d. NAME OF HOSPITA OR INSTITUTION S. Naval	Hospital,	Bethe	sda, Md.		1	#2 Sky	rline (Court				YES	
3.	NAME OF DECEASED	Fir	st	Midd	le	Los	it	4. DATE		Mont	th	Day		ear
	(Type or print)	Wil	liam	(nm	n)	IAMXA	N	DEATH	1	July	7	31	1	957
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🔀	8. DATE OF BIRTI			9. AGE (in lost birth	years	IF UNDER 1		The second second	
M	ale	White	WIDOW	ED DIVOR	ED 🔲	8 March	1888		69	yrs.	Months D	оуз	Hours	Min.
10	D. USUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	LACE (State	or foreign c	country)		12. CITIZI	EN OF	WHAT	COUNTRY?
M	ariner	ing inc. even it retired	U.	S. Navy (R	etire	ed) Mar	ryland				U.	S.		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
E	mil AXMAN					Anna 1	BOENCH	I						
15.	WAS DECEASED EVER			SOCIAL SECURITY N	0. 17. 1	INFORMANT				Addr	013			-
1		t yes, give war or dates of in		Jnknown	Si	ster, Mrs	s. Emm	na W.	Jones	(SE	ame As	#2)	
F		TH [Enter only one co									,	INTER	VAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY:		ac. t	W. P.	, sear of	200	ma	2011	Re	na	ONSE	TAND	DEATH
	420.0	IMMEDIATE CAUSE (o			146	- Cura		T			,		Ca	7-
			= 4	N. 10.	20	. O x	220	ILa.	. AT	2 (ASTA		10	. 1001
	Conditions, if on gave rise to im	mediate)	Deper	0	cellor		1/20			V-C-	-	10	grand
1	lying couse last.													
2		ER SIGNIFICANT CON		CONTRIBUTING TO E	EATH BUT	NOT PELATED TO	THE TERMIN	NAI PICEAS	E CONDITIO	N GIV	ENI INI PART 1	(0) 10	WASA	LITOPSY
CERTIFICATION	560.4	1410	0	1 Ho	24	1 Of	J THE TERMIN	MAL DISEAS	SE CONDINO	14 014	EIN IIN FAKT 1		PERFOI	MED?
IFIC	20a. ACCIDENT WAS	UNDERLYING [-	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in P	ort I or Por	rt 11 of item 1	8.)			100	10 []
	OR CONTRIBUTING	CAUSE OF DEATH				non	e							
13	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. II	NJURY OCCURRED		ACE OF INJURY			y or town)		(Cou	unty)		(Stote)
MEDICAL	Hour o.m.	19	While of wor	Not while	fa	ictory, street, office	e bldg., etc.)						
		at I attended the	_		[11] 77	10 57	to 31	Tul's	V7 10	57	Abot I In	-4		
	alive on 31 J		deceas			accurred at								
	Qlive ou TF 6	W.L.Y	12_	ZJ, and the	ar dearn	accurred at			m the cau street, city or			date		d above. TE SIGNED
1	ACTUAL	1700	2	1) 20000	• 4	TT C			ital.]			Ma		-21m57
	SIGNATURE			1	700	M.D. U.D.	Mayar	nosp.	Luar	De GI	nesua,	Iria	•	2767
L	PHYSICIAN'S Pat	ul Driezen	LT,	MC,USN		U.S.	Naval	Hosp:	ital, 1	Betl	hesda,	Md	• 7	-31-57
22	PEMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, t	own, o	r county)		(State)
L	Burial	8-2-57	- 1	Cedar Hi	111 C	emetery			shingt	1			1	
1	FUNERAL DIMESTOR'S			ADDRESS		- D C	240. REC'E	BY REGIS	TRAR TAN	REGIS	TRAR'S SIGN	ATURE	1	11001
1	S.H. Hines,	2901 14th	St.	,N.W.Washi	ingto	n, D.C.	DATE 7	-31-5	7	700	h) · c	Ja	nee

		MURRITURE PERSONAL	
The second second	ATE OF DEATH		
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		· Carlottia	Later and The Tare
John T. Jaco	mak 1 Maria	(=)	
		District Dallace	R.A.
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	To the man of		
		stal Communication	
BUREAU V. 1957			

VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07599 CERTIFICATE OF DEATH

Reg. Dist. No. 216

- Brown												
1.	PLACE OF DEATH o. COUNTY	Montgomer	r	MAR	YLAND	2. USUAL RESIDER	NCE (Wh	160	lived. If institut b. COUNTY	,		dmission)
	b. CITY OR TOWN (RURAL ond give n	If outside corporate limiteorest town)	s, write	c. LENGTH OF STAY					te limits, write l			
L	Bethesda			36 day	ys .	M	It.Ra	inier	161	162.		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADE						RESIDENCE
		Lcal Center	, Bet	hesda 14,	Md.	4	1223	30th S	treet		YE	S NO
3.	NAME OF DECEASED	Fir		Middle	0	Lost		4. DATE OF	Мо	nth	Day	Year
_	(Type or print)	Eas		Ler	- 4	Baldy	rin	DEATH		ly	12,	1957
5.	SEX			NEVER MARR		B. DATE OF BIRTH	700		last birthdoy)			JNDER 24 HRS.
L	Male	White	WIDOW			March 12,			10 yrs.			
1"	during most of wor	ON (Give kind of work of king life, even if retired)	1		OR INDU				intry)			HAT COUNTRY?
1	Mechanic		P	utomobile			gini			U.S	.A.	
113	Benton F.	Doll deed m				14. MOTHER'S M						
-			esec la		1.2			Baldwi				
15	(es. 00 or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of to		social security no		NFORMANT The					3/7	
-						ne Clinica	rr ce	ncer,	bethesa	а 14,	mary	Land
Г		ATH [Enter only one ca ATH WAS CAUSED BY:	use per li	ne for (0), (b), and (c)).] ⁽			1			ONSET	AND DEATH
L	TAKI I. DE	IMMEDIATE CAUSE (o	Cl	Lenocare	0	now, Rote	37	post	34 do	section	7	
	/232X	DUE TO				C		6.3				
ı	Conditions, if a	mmediate	M	va tog Tat	100	a cureno	ma	. 02	-tel-a	- 5		
	couse (o), stating lying couse lost.	the under- DUE TO	Tr	Catandia		1 , 2754	ec-tr	n. b	idas	5		
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	OITIONS O	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	HE TERMII	NAL DISEASE	CONDITION GI	VEN IN PART	PI	VAS AUTOPSY ERFORMED?
PTIEN	20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	CCURRE	. (Enter nature of	njury in	art I or Port I	I of item 18.)			
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yea		NJURY OCCURRED	20e. PL	ACE OF INJURY (Ho	me, form,	20f. (City o	or town)	(C	ounty)	(State)
ME	ρ. m.	19	While of wor	k of work								
	21. I certify th	nat I attended the	deceas	ed fram Jur	ne 6.	, 1957	to_J	uly 12	19 5	7.that I le	ast saw	the deceased
L		ly 12,	_, 19.5	(17)		accurred at						
		0				E1003	1	ADDRESS (Stre	et, city or town,	stote)		DATE SIGNED
	ACTUAL SIGNATURE	Warne I	. 5	maria		M.D.			1 Cente		7	7/12/57
П	PHYSICIAN'S	Denis T V		W-m	_				stitute		ealth	1
	NAME (Type)	David L. K:	ınsey	, M. D.		В	ethe	sda 14	, Maryl	and		
2	PO- BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEN	AETERY O	R CREMATORY		22d. LOCATIO	ON (City, town.	or county)	1	(Stote)
L	BURIAL	1-13-	57		EZ	ERCEM	ETEL	1 1	0000	UNI (0.1	19-
23	FUNERAL DIRECTOR			ADDRESS		/ 2	4o. REC'E	BY REGISTR	AR 24b. REG	STRAR'S SIG	NATURE .	
	C. Val	es mas	1	RUINGT	ON	VA. D	ATE 7	-110-4	11/30-	· · · · M	Lha	-u bdow

	TE OF DEATH	CERTIFICA		
EPRINT PARTY	tools ask			COMP IN MARY
	Telmian III			absort/fig.
90101	Point 4101 1904 Stored	.6% . f sbeet	Man e Home and Lar	
THE 17, 1957	Selder History	Although .	10703	
	March 12, 1979 18	Date of the last	Mark Bod Line	
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BUREAU V. E.		en district		
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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
07553	CERTIFICATE	OF	DEATH	Da

Reg. Dist. No.

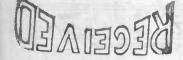
1. PLACE OF DEATH o. COUNTY Montgoine	ery		MARYLANI	- 11	o. STATE Distr		o decessed	lived. If institution by COUNTY	anı Resider	nce befor	e odmiss	ion)	
	f outside corporate limi	its, write	c. LENGTH OF STAY IN 11	ь	c. CITY OR TOW	N (If out	ide corpo	rote limits, write R	URAL ond	give nea	rest lown) /	
Takoma I	Park 12		55 days		Washington 4 X								
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	give street	address)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM								
Washing	ton Sanitar	ium (& Hospital		156 F	St.	, SE					NO CF	
3. NAME OF DECEASED	Fil		Middle		Last	4	. DATE	Mon			Day Yeor		
(Type or print)	Hele		Ramey		Ball		DEATH	July		13		9 57	
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED] B. C	ATE OF BIRTH	77		9. AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS. Min.	
Female	W	WIDOW			3-30-0	1	1	50 yrs.	1 10 00				
during most of work	king life, even if retired	done 10b.	KIND OF BUSINESS OR IN					ountry)	112. CI		F WHAT	COUNTRY	
Hadrdres	sser		Beauty Salo		1	gini				USA			
13. FATHER'S NAME				1	4. MOTHER'S MAI								
Robert Ma		erea le	COCIAL CECURITY AND TEX	10150	Sara	II DO	ATG	A 11					
(Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of t		SOCIAL SECURITY NO. 17		RMANT	73		Add	61				
No					Hospital	Red	cords						
Canditions, if a gove rise to it couse (o), stating lying couse last.	the under-	9. Cs	Centributing to DEATH	Lu S	f eve	i FERMINA	AL DISEAS	E CONDITION GIV	VEN IN PAI	RT 1(0) 11	3 w 2 y 4 s	ech	
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (inter nature of inju	ury in Pa	rt I or Por	t 11 of item 18.)			PERFO YES (2)	NO	
	Y Month, Day, Ye	ar 20d. I While of wor	Not while		OF INJURY (Home, street, office bld		20f. (Cit)	or town)		(County)		(Slote)	
21. I certify the alive on	at I attended the	decease	sed from Just Sp., and that dec Elleann Zues N.C	Sih od	1957 to coursed at. 2			19 (3) 19 5, on the causes of treet, city or town.	and an I		te state		
220. BURIAL, CREMATIO		57	22c. NAME OF CEMETER	Y OR C	4		1	City Town	br county)	1	ne	9.	
23. SUNERAL DIRECTOR	S SIGNATURE	- 1	Wash De	6	24d	7	BY REGIST	RAR 246. REGI	STRAR'S SI	M.	hos	nke	

CERTIFICATE OF DEATH

E TELL DELLE



105 18 1957



07600 CERTIFICATE OF DEATH

07559

		, 0			Reg. Dist. No. del
	1, PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	b. COUNTY	ion: Residence before admission)
	Montgomery		Maryl	ana	Montgomery
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give accress town) Bethesda 11, Maryland	e. LENGTH OF STAY IN 16	Bethesda	outside corporate limits, write I	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS	. W177 D 4	e. IS RESIDENCE ON A FARM?
Į	The Clinical Center, Be		Atta rocasi	t Hill Road	YES NO
	3. NAME OF First DECEASED (Type or print) Ruth	Middle Esther	Ball	4. DATE Mor	1y 20 1957
I	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years last birthday)	
	TOTAL MALE VO	DOWED DIVORCED	March 29, 189	93 64 yrs.	0 0 1 0 2
d	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	(4 - 10 / / 1 / / - 1 1 (4 - 2)	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
A	Housewife	None	Wisconsi		U.S.A.
I	13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
J	Thomas Preston	.,	Ellen Der		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no. or unknown) { (If yes, give wor or dates of service)		2000 210	dical Record Add	
1	No	Not available T	he Clinical (Center, Bethes	da 14, Maryland
	18. CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		os with abo	dominal carenom	INTERVAL BETWEEN ONSET AND DEATH 2 475
ı	174x DUE TO				
ı	Conditions, if any, which) (b)	Acute perforation	e of stome	ch oken (te	rminal)
ı	gave rise to immediate Couse (o), stoting the under				
ı	lying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in	Part I or Port 11 of item 18.)	
	Hour o.m.	20d. INJURY OCCURRED 20e. PL While Not while at work at work	ACE OF INJURY (Home, form tary, street, office bldg., etc	20f. (City or town)	(Caunty) (State)
	21. I certify that I attended the de	ceased from April 23	1957 to	July 20 19 5	7, that I last saw the decease
	olive on July 20				and an the date stated above
				ADDRESS (Street, city or town,	
	SIGNATURE Serverel Co	. Inoone	M.D. The Clinic	cal Center	DESIGNATION OF THE PARTY OF THE
				Institutes of	Health
J	PHYSICIAN'S Edward U	U. MOORE		Li. Maryland	7/20/19
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	
	Burial (Specify) 7/22/1957	Gate of Heav	en	Montgomery	Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	(1 3 5 1)		STRAR'S SIGNATURE
	Robert A. Pumphrey-7	7557 Wis. Ave. Be	th. Md. DATE /-	23-57 / Les	will thompson

in by the funeral director, and 2 should be filed with requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

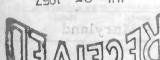
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillipage.

Page and be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-CALIFMORE, 18

SUL CERTIFICATE OF DEATH

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Adjert A. Funnonrey-7557 Wis. Avc. Beth. Aid. Later Later

7/22/1957 | Cate of Heaven

VS A15 (4) 15M 9/55

MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
07601	CERTIFICATE	OF	DEATH	R

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY	Montgon	ery	MAR	YLAND 2	o. STATE Ma:	(Where deceose ryland	ed lived. If instituti b. COUNTY		gomer	
1	b. CITY OR TOWN (IF RURAL and give no Bethesda 1	outside corporate limi orest town) Maryland	ts, write	c. LENGTH OF STAY		2 Bethesd		orate limits, write R	URAL and	give nearest	tawn)
T	d. NAME OF HOSPITA OR INSTITUTION NE CLINICA	AL (If not in hospital, g L Center, I	ethe	oddress) sda 14, Md	. /	d. STREET ADDRESS	A Property of the Park of the	Lane		1 0	RESIDENCE DN A FARM? S NO S
3.	NAME OF DECEASED (Type or print)	Fir Car ı	ie	Middle Ethe	1	Ballard	4. DATE OF DEATH	Mor Jul		Day 18	1.57
1	emale	6. COLOR OR RACE White	WIDOWE	DIVORC	ED 🗆 N		1891	9. AGE (In years last buthday) 60 yrs.	Months Months		JNDER 24 HRS. Durs Min.
	lestaurant	ing life, even if retired		KIND OF BUSINESS (Kentu		country)	12. CIT	U.S	A.
		Pleasant M.				4. MOTHER'S MAIDE	J	ulia Tran			
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s	Prvice)	social security no certainabl		Clinical				Mary:	land
7	PART I. DEAT 499 × Conditions, if an gove rise to in cause (o), stoling t lying couse last.	he <u>under-</u>		neumo	my + -	anest unal	ano	dist.		ONSET A	L BETWEEN
CERTIFICATION	20a. ACCIDENT WAS	CAUSE OF DEATH		CRIBE HOW INJURY C					EN IN PAR		BEORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Yea	While	Nat while of wark	20e. PLACE factor	OF INJURY (Hame, f r, street, affice bldg.,	form, 20f. (Cit	y or town)	(0	County)	(State)
	ACTUAL SIGNATURE	Beauder	V-6	and that	ofulus	Nationa	OA M, from ADDRESS (Sinical Colorestinate)	m the causes of treet, city or town.	and on the	he date s	
220	NAME (Type) A1 BURIAL, CREMATION BURIAL (Specify)	exander N. 22b. Date Thereo		22c. NAME OF CEM Ryan Ce	SETERY OR C	REMATORY	22d. LOCA	id. TION (City, tawn, coin, Kent			(Stote)
23.	Robert A	signature Pumphr	ey-B	ethesda, N	Иd.		EC'D BY REGIS	-	strar's sic		mperon

	Instrument and		years and	
	contraction of the contraction o		Benefit and	MI ACCEPTANT
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH	
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e. IS RESIDENCE

ON A FARM?

19

1957

c. LENGTH OF STAY IN 16

days

MARYLAND

Charles

DIVORCED T

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

16. SOCIAL SECURITY NO.

579-40-4180

Montgomery

Dov

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

USA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If aulside carparate limits, write RURAL and give nearest lawn)

9. AGE (In years lost birthday)

Month

July

Address

Bruce B. Bartos 4609 Windsor Lane. Bethesda. Md.

Months

Maryland

4609 Windsor Lane

Lincoln, Nebraska

4. DATE OF DEATH

Bethesda

d. STREET ADDRESS

Bartos

14. MOTHER'S MAIDEN NAME

November 1897

Maria Blatny

B. DATE OF BIRTH

17. INFORMANT

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director,	2 should be filed with		
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	ould be f		
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ly filled	Poges		
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ou o	corb	ofter	
physic	emove	hours	
ending	lease r	ra prior to burial, cremation, or remaval, and in any event within 72 hours after death.	
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PLACE OF DEATH

Montgomery

Bethesda

OR INSTITUTION

U.S. Navv

Frank Bartos

NAME OF DECEASED

Male

13. FATHER'S NAME

Yes

5. SEX

(Type or print)

RURAL and give nearest town)

b. CITY OR TOWN (If autside carporate limits, write

during most of working life, even if retired)

15, WAS DECEASED EVER IN U. S. ARMED FORCES?

d. NAME OF HOSPITAL (II not in hospital, give street address)

Cauc

1917-1947

U.S. Naval Hospital, NNMC Bethesda Md

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6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled to by the funeral director.	page 3 lid be delached for use as the burial-transit permit. Then bease remove carbon pages. 2 should be filled with	the registral prior to burial, cremation, or remaval, and in any event within 72 hours after death.
-	S A1	E 11	41

		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Production Production	INTERVAL BETWEEN ONSET AND DEATH
		198 X DUE TO Brain Glioma	
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO (c)	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	4,
	MEDICAL	Haur a. m. While Not while factory, street, office bldg., etc.}	uniy) (Stole)
		21. I certify that Notiended the deceased from 11 July 19.57, to 26 July 1957, that I long and at 19, and that death accurred at 4:39 PM, from the causes and an the ADDRESS (Street, city or town, state)	s) saw the deceased a date stated above DATE SIGNED
1		SIGNATURE & Signature & Signature & Signature & U.S. Naval Hospital	27 July 195
		PHYSICIAN'S NAME (Type) R. C. Thomas, LT, MC, USNR Bethesda 14, Maryland Bethesda 14, Maryland	
	-	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 7/30/1957 Arlington National Cemetery Arlington	(Stote) Virginia
	23.	FUNERAL PIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR TO REGISTRAR'S SIGNATURE 2901 14th Street, N. W. WDC DATE 7/26/1957 Pary	

They that his . I all . ayal BUREAU V. 1961 18 701 E. F. Easer

FOR STATE HEALTH DEPT

he funeral director. Page. e rei de for your files. he se sead for your files. If any delay 3 to the fund DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delicate the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fushould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred to DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the string of the pending of the property of the MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07564 Reg. Dist. No. 216

1,	o. COUNTY Montgon	nery	AND	2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT			ome			
	b. CITY OR TOWN III and give nearest fown Bethesda	outside corporale limits, write Rt	l 1b	c. CITY OR TOWN (III		porote limits, write	RURAL of	nd give r	nearest to	wn)		
		elwood Drive		pitol, give street oddress)		8512 Haze	lwood	Drive			ON	ESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	HARLES First		B. Middle BA	YL	Y	4. DATE OF DEATH	July 2	6 ,	Doy		957
	Male Male	TITILIA	MARRIE	D DIVORCED		arch 19, 18	82	9. AGE In years Post birthday) 75 yrs.	Meths	R TYEAR	IF UND	ER 24 HRS. Min.
	o. USUAL OCCUPATION during most of working Ret.	ON (Give kind of work dor g life, even if retired)	-	CIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (State Ohio	or foreign o	country)		US	F WHAT	COUNTRY
	Nilliam Ba	nyly			1	Mary Br						
		ER IN U. S. ARMED FORCE (If yes, give war ar dates af serv	(66)	SOCIAL SECURITY NO.		oby Bayly	Item	# 2				
ATION	Conditions, if or gove rise to immed (o), stating the ucouse tost.	liote couse					NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS PERFO	n
MEDICAL CERTIFICATION	200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH. 20c. TIME OF INJUR Hour o.m. p.m. 21. I certify th	ITRIBUTING []	20d. I While of wo	Not while ork of work	PLACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (City			ry 3	an	(Stote)
	ACTUAL SIGNATURE	resulted from: No	3nt	schart		A.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINE	R	rmined		DATE S	IGNED
23.		7/29/57 s signature Pumphrey		Parklaw ADDRESS	n C	em • 240. REC'I	-	TION (City, town, o	Mar	yla GNATUR Me. F	nd home	kros

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Robert 4. Furnisher Louisesee, 170 deg and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07565

e. IS RESIDENCE

ON A FARM?

YES NO TK

Year

1957

Reg. Dist. No. 2/6

IF UNDER 1 YEAR IF UNDER 24 HRS

US

(County)

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

15M 9/55

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Robert A. Pompintev

BUREAU V. E.

10 Se 1957

CERTIFICATE OF DEATH 07607 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed . o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If wiside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and girandrest town) RURAL and give nearest town pluods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I NAME OF Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 within 9 ME (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MADRIED T NEVER MARRIED DATE OF BIRTH Min. WIDOWED TO YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oud 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME COL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate be DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 00 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) use foctory, street, office bldg., etc.) 0. 11. While Not while 19 of work at work p. m. 21. I certify that I attended the deceased from 5 Hat I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stat-DATE SIGNED ACTUA d be SIGNATURE PHYSICIAN'S NAME (Type) RO FUNER oge 3 v 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7017 9 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. & 10L 23 1957

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);	PLACE OF DEATH			MARYI	AND	2. USUAL RESIDENCE (WHO STATE		ved. If institution b. COUNTY		before o	dmission	1)
-	<u></u>	terran and the same of the sam	lontgomer		c. LENGTH OF STAY		Mary		11 11 11 11	Mont	0		
		 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) 					c. CITY OR TOWN (If a	outside corporat	e limits, write R	UKAL ond gi	ve nearest	town)	
		Bethesda			Since 1941		Bethesda		X 2				
	ľ	OR INSTITUTION	ase Avenue		oddress)		d. STREET ADDRESS 4513 Cha	ase Ave	enue '			RESIDI	ARM2_
		NAME OF DECEASED (Type or print)	Harri		Robert se	on	BLAKE	4. DATE OF DEATH	July	th 2:	Day	Yes	E 17
	5. \$	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		-	
	F	'emale	White	WIDOW	ED DIVORCED		Dec. 6, 1886		70 yrs.	Months (eg H	ours	Min.
)1	I	Housewife	ON (Give kind of work or king life, even if retired Schoolt			RINDL	Chicago,	Illinois		US	A A	HAT C	OUNTRY?
		13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	S. H. Robertson Lucretia Robertson												
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Roland P. Blake-Same Item #2 - Husband								nd					
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	//	ine for (o), (b), and (c).]	327 /	2 0 1	eeli	inn		INTERV		
		Conditions, if o gave rise to i couse (a), stoting lying couse last.	mmediate ()			0						
0	CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BU	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART	P	VAS AU ERFORA	NED?
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	CCURR	ED. (Enter noture of injury in	Part I or Part II	of item 18.)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w											
		21. I certify that I attended the deceased from 1911, 1942, to fully 25, 1957, that I last saw the deceased alive on July 25, 1957, and that death accurred at 380 M, from the causes and an the date stated above.											
1		ACTUAL SIGNATURE	mel L	20	anto	2	M.D. 4709		of city or town,		L		E SIGNED
		PHYSICIAN'S NAME (Type)	Paul D. Ca	antoi	r, M.D.		Bets	herde	e /	4	177	2	
	220 C	REMOVAL (Specify)	7/26/195		Cedar Hi			Princ	e Georg		Mary	(Stote)	d
	23. R	funeral director obert A. F	S SIGNATURE Cumphrey-	7557	Wis. Ave.	Bet	hesda, Md. REC'	D BY REGISTRA	R 24b. REGI	STRAR'S SIGN	NATURE 2 LA	-	Cans

Bensie M Hombron

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MARKY LAND STATE DEPARTMENT OF HEALTH-BALTIMOTE, 18

CERTIFICATE OF DEATH Reg. Dist. No. ed with director I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Virginia MARYLAND Campbell Montgomery funeral uld be fi b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Bethesda 14. Maryland Lynchburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 322 Monroe St. The Clinical Center, Bethesda lu, Md. YES NO NAME OF 4. DATE Middle Month Day OF DEATH (Type or print) Bolding July Matthew James 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Male WIDOWED T DIVORCED [March 13, 1932 Negro 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death U.S.A. Furniture Store Virginia puo Laborer carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Lillie Hendricks William Bolding hours 17. INFORMANT The Medical RecordAddress 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 224-34-6076 The Clinical Center, Bethesda 14, Maryland Yes Korean 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE (a) DUE TO þ ony Canditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Haur o. m Not while of work of work July 18 21. I certify that I attended the deceased fram July 13 19.57, that I last saw the deceased ___, and that death accurred at 9:40pM, from the causes and an the date stated above alive an July 18 DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S NAME (Type) Dane R. Boggs, M. D Bethesda 14. Maryland FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Lynchburg. White Rock Cemetery Virginia 0 ADDRESS 246 RECID BY RECISTRA (-246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE John T. Rhines & Co. 3rd St., S. W. 901

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		MAR	YLAND	STATE DEPA	RTM	ENT OF	EALTH	-BA	LTIMORE	, 18		017	576	
1		(761) CERTI	FICA	ATE OF I	DEATH	1		R	eg. Di	t. No.	381	14
1.	PLACE OF DEATH a. COUNTY MONTE ON	ery		MARY	LAND	2. USUAL RES a. STATE	DENCE (Who	ere deceas	ed lived. If inst b. COU	1771	Residen			on)
	b. CITY OR TOWN (I RURAL and give no RURAL	If outside corporate	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR RuRal			Rd . Si	te RUR	AL ond	give nea	rest town	1.X2
	d. NAME OF HOSPIT OR INSTITUTION NOTWOOD	TAL (If not in hospite Rd. Silver	ol, give street Spr in	address)		d. STREET	ADDRESS							DENCE FARM? / NO 14
	NAME OF DECEASED (Type or print)	Denni	First	Middle A .	Bos	well	st	4. DATE OF DEATE		Month		Do:		rear 1957
	Male	6. COLOR OR RA	CE 7. MARI	NEVER MARRIE		B. DATE OF BIRT			9. AGE (In yellost birthdo		UNDER	1 YEAR Days	Hours	R 24 HRS. Min.
100	during most of worl	king life, even if refi	ork done 10b.	KIND OF BUSINESS O	R INDUS				country)			S.A		COUNTRY?
13.	FATHER'S NAME Remus	Noswell				14. MOTHER'S	MAIDEN N		aster					Zav.
	WAS DECEASED EVE	R IN U. S. ARMED I Ilf yes, give war or dates		SOCIAL SECURITY NO.	17. 11	MORMANI.	y F. E	oswe:		oddr.		., N	. W.	
		TH WAS CAUSED B	Y: E (o)	Renal f		ure			•				RVAL BE	
	Conditions, if a gove rise to it couse (o), stoting	mmediate ((b)	Anuria a									4 d	ays
CERTIFICATION	PART II. OTH	HER SIGNIFICANT C	(c)	CONTRIBUTING TO DEA		NOT RELATED TO		-			IN PART		PERFO	UTOPSY
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEA	TH	CRIBE HOW INJURY OF	CCURRED). (Enter nature o	of injury in P	art I or Pa	rt It of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. 31. p. m.		Year 20d. II While of wor	Not while		CE OF INJURY tory, street, offic			ly or lown)		(0	County)		(Stote)
	21. I certify th	at Lattended t	he deceas	ed from 4/2	146	10	to 7	111/5	7 10		hat I I		u the	1

MEDICAL CERTIFICATION ., and that death occurred at 345PM, from the causes and on the date stated above.

ADDRESS (Street, city or lown, state)

OATE SIGNED

OATE SIGNED

OATE SIGNED

SIGNATURE	(M.D.	
PHYSICIAN'S	Webster	Sewell,	M.D.	

20	COL BATE THEOLOG	
220. BURIAL, CREMATION,	ZZD. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATOR
PERSYN (Specify)	Burial	Good Hope
.,0,0,		

22d. LOCATION (City, town, or county)
Colesville, M.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Rockville, Md.

24a. RECID, BY REGISTRAR

24b. REQUSTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

and - Derwood Md., Dilyed bering, Mt. DOWN OS list to the savile its boomstoll Frianc George Co. Hi. The state of the s BUREAU V. E. 11 1057 JUL 11 1957 Myasion agolf bool PAPERAT TROPING DALOR OF

MARYLAND STATE DEPARTMENT OF FELL STATE CIVALY RAM.

FOR STATE HEALTH DERT.

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M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in fem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refrect for your files.

TO FUNE DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5. Soard of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

2 7 P Vs. A1SME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8		07	5	7	1
Reg.	Dist.	No.		1	2

		E OF DEATH	ntgomerv			MARYL	11	· Defaware	Where deceased	f lived. If institution b. COUNT	TY a		odmission)
	en		t outside corporate limits	, write RURAL		D.O.A.		c. CITY OR TOWN (I		rate limits, write	RURAL and		est lown)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)					d STREET ADDRESS	YAA	461	2	0.	IS RESIDENCE	
7			Institute							K			ON A FARM?
	3. NAM DECE (Type	E OF ASED or print)		First John		Middle Asher	Br	ittingham	4. DATE OF DEATH	Mont Jul		Doy 26	Yeor 19 57
	5. SEX		6. COLOR OR RA	CE 7. MA	RRIED [NEVER MARRIED	8. D	TE OF BIRTH	9	. AGE (In years last birthday)			UNDER 24 HRS.
	Ma	le	White	WIDO	WED [DIVORCED] J	uly 23, 191	16	11 yes.	Months D	Days Ho	ours Min.
	10a. USL	AL OCCUPATION	ON (Give kind of wing life, even if retir	ark done 10	. KIND O	F BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	e ar foreign cou	intry)	12. CITIZ	EN OF W	HAT COUNTRY?
1	No		ig ine, even il teni	201	No	ne		Maryland	1		Ţ	J. S.	Α.
,	13. FATH	IER'S NAME					14	. MOTHER'S MAIDEN	NAME				
	Ir	a B. Br	ittinghar	n				Anna May	Carey				
		DECEASED EV	ER IN U. S. ARMED		16. SOCIAL	SECURITY NO.	17. INFO		tal Reco	ord Address			
2	No		(ii yes, give was as as	es or services	No	ne	T	ne Clinical			esda 1)	I. Ma	rvland
2	Cor gov (a), cou	2040 ditions, if a erise to imme stoting the se last.	ny, which diate couse underlying	TO (b) TO (c)	with	multiple	pet	Leukemia echial hem			VÊN IN PART	1(o) 19. W	ERFORMED?
	CAU	EXTERNAL CALLARY OF COLSE OF DEATH.	USE WAS NTRIBUTING []	20b. DESC	RIBE HOW	INJURY OCCURR	ED. (Enter	nature of injury in Por	rt I or Part II al	item 18.)			
	WEDICAL 20c.	Hour o.m.	RY Month, Doy	W		Not while	PLACE (foctory,	OF INJURY (Home, form street, office bldg., etc	n. 20f. (City o	r town)	(Coun	ity}	(Slote)
		21. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry , and in my opinion death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner											
	SIGI	UAL NATURE S MINER'S ME (Type)	Frank J			hart	M	D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER		ly 27,	DA	ATE SIGNED
	REM	OVAL (Specify) Surva RAL DIRECTOR	1 7/30/	reof 57	Po No	AME OF CEMETER Lance DORESS Well	Y OR CRE	netry	P BY REGISTRA	ON (City, town,		ela	(State)

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BUREAU V. L.

1957 JUL 30 1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07612 **CERTIFICATE OF DEATH** 07572

			Neg. Di	1.10. 2 1 0		
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE	ed lived. If institution: Resident	te before admission)		
Montgomery	MARYLAND	Maryland Montgomery				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	orate limits, write RURAL and g	ive nearest lawn)		
Bethesda	4 vears	Bethesda				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE		
6601 Glenbrook Road	i	6601 Glenbr	ook Road	ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) All frod	Middle	Lost 4. DATE OF	Month	Day Year		
ATTIEU	T	Bronaugh DEATH	OULY	22 19 57		
5. SEX 6. COLOR OR RACE 7. MARR	IED TNEVER MARRIED	B. DATE OF BIRTH	The state of the s	Days Hours Min.		
Wale White WIDOWE	DIVORCED	3/28/1872	85 yrs. 3	Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fareign	country) 12. CITI	ZEN OF WHAT COUNTRY		
during most of working life, even if refired)				TTOA		
Hetired Druggist 1	own busine			USA		
IJ. PAINER 3 NAME		14. MOTHER'S MAIDEN NAME				
John C. Brenaugh		Sallie C.	Taylor			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address			
	Jnknown	Alfred T. Brona	ugh. Jr sam	ne as #2		
		Allied I. Diona	ugii, oi saii			
18. CAUSE OF DEATH [Enter only one couse per lin	le far (a), (b), and (c).	1. 1		ONSET AND DEATH		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Meron alon	1 Januar E				
200, DUE TO	2	0 ().				
Conditions, if ony, which)	uluman	Su Rection to		ALCO MITTER		
gave rise to immediate	•					
cause (a), stating the under DUE TO	1161011110	he sou places a		100000000000000000000000000000000000000		
lying cause lost. (c)	urrunger	my mester C87	na			
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELIVIED THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?		
3 Cachedia				YES NO V		
20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Pa	ert II of item 18.)			
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (Cit	ty or town)	(Stole)		
Hour o.m. While	Nat while fa	clary, street, office bldg., etc.)	,	(31318)		
p. m. 19 at warl	al at work			A Same		
21. I certify that I attended the decease	ed from april	, 1957, to July 2"	2 1057 that 11	ast saw the deceased		
101.1	_					
alive an 19 kmg, 19	2, and that death	accurred at 12:101M, fra				
Sil a CY. It	- 1.		Street, city or town, state)	DATE SIGNE		
SIGNATURE COLUMN J. Will	owale	M.D. JUITE 400	DZI & WISCO	DOIN HIE		
C. 1	1.	0	1.4 11/2	7/22		
PHYSICIAN'S EDWARD S. W	ITOWS KI DR	. DETHES DA	- 19 YARYI	LAND		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ATION (City, town, ar county)	(State)		
REMOVAL (Specify) Burial 7/25/57	Ft. Linco	ıln	Suitland D	Marvland		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS -	24g. REC'D BY REGIS				
			- B . S.	10-1		
Robert A Pumphrey I	Rethesda Wa	ervland DATE -23-6	1 Warner VM	- Home Jean		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

Sylvan DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the registration of the point of the registration of the registration of the registration of the remainding of the registration of the remainding of the remainding of the registration of the remainding o

by the funeral director,

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CEUTIFICATE OF DEATH

BUREAU V. E.

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by the funeral director, 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 the backed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	Reg. Dist. No.
o. COUNTY MONIGONERU MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ANDRO PARK 3 VRS CMCS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CEOAR HAYEN REST HOME	3055 16th St. N.W. Apt. 504 on a farm?
NAME OF DECEASED (Type or print) TANE BROCKFIELD	BROWN 4. DATE OF DEATH July 5 1957
FEMALE WAITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In year least brinday) Market 31, 1870 9. AGE (In year least brinday) Months Days Hours Min.
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LILLIGE TERMINERS NAME 3. FATHER'S NAME	STRY 11. BIRTHPLACE (Side of foreign country) 12. CITIZEN OF WHAT COUNT 14. MOTHER'S MAIDEN NAME
HENRY ALLEN BROWN	HARRIET BROOKFIELD
(If yes, give war or dates of service)	EDAR HAVEN RESTHOME JAKEMA PK. 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thrombosis INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) Cerebnal	Arterios de rosis - 9 years
cause (a), stoting the <u>under-</u> DUE TO tying cause last.	
334X	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
GIF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 PL While Not while of work of work 19	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State clary, street, office bldg., etc.)
21. I certify that I attended the deceased from 1/4 3 alive on 1/4 4 1257, and that death	occurred at 758 AM, from the causes and on the date stated abo
SIGNATURE Kein P. Campline	M.D. Keine (sur hft head St. 7/5/
PHYSICIAN'S Neil P. CAMPBELL.	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O CODER HILL	Cemetery Prince Georges County, Mc
3. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	240. RECIDIBY REGISTRAR 246. REGISTRAR'S SIGNATURE

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DICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	rifficote, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the fungral director. Page	our files.	of Heolth,	led agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.
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hours of	e Poges	rm PM3.	e poges	ivent wit
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ATE DEPT.

a. COUNTY

d. NAME

3. NAME OF

5. SEX

DECEASED

ACTUAL

FUN

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN III outs c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest town) HOSPITAL OR INSTITUTION (If not in hospital, give steet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO First Middle 4. DATE Lost Month Year (Type or print) DEATH 1957 OTOR OR RACE 7. MARRIED T NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE In Loans FUNDER TYEAR IF UNDER 24 HRS. Months Days Hours | Min. WIDOWED [7] DIVORCED T locusual occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) mouseons MS Ca 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Slote) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection , Inquiry , opinian death resulted from: Natural causes . Accident . Suicide , Hamicide , Undetermined manner DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Brownstown Com. Germantown Maryland REGISTRAR 245. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGN 240. REC'D BY REGISTRAR

BUREAU V. K.

1961 ST 701

VS A15 (4) 15M 9/55

MARYLAND STA	TE DEPARTMENT OF HEALTH—BALTIM	ORE, 18 07575
07614	CERTIFICATE OF DEATH	Reg. Dist. No. 2/7

	o. COUNTY			AA A D	YLAND	o. STATE Maryl	DENCE (Whe	ere decease	d lived. If instituti b. COUNTY	on: Residence	before adr	mission)
		tgomery								Montgon		
	 CITY OR TOWN (If RURAL ond give nec 	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If ou	atside corpo	rate limits, write f	URAL ond give	negrest t	own)
	Olney			42 dyas		-	ilver	Sprin	ng		T.T.	
	d. NAME OF HOSPITA OR INSTITUTION	LL (If not in hospital, g	ive street	address)	Yne	STREET A	DDRESS					RESIDENCE N A FARM?
	Montgomery	County Ge	enera	l H'spital	, In	1241	5 Geor	rgia A	lvenue			□ NO 🖫
3.	NAME OF DECEASED	Fir	st	Middle		Los	1	4. DATE	Mor	ith	Doy	Year
	(Type or print)	Walter		Grant		Burris	S	OF DEATH	July	2'	7	19 57
5. :	SEX	6. COLOR OR RACE	7. MARE	ED NEVER MARRI	ED 🗍	B. DATE OF BIRTI	1		9. AGE (In years last birthday)	IF UNDER 1 Y	EAR IF UI	NDER 24 HRS.
7	fale	White	WIDOWI	/		2/2	/12	100	last birthday)	Months Do	ys Hou	Min.
	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	OR INDUS	STRY 11. BIRTHPL	ACE (State o	r foreign c		12. CITIZE	N OF WI	AT COUNTRY?
	Bus driv	ng life, even if retired		School			rvland			US		
13.	FATHER'S NAME	e.r	1 6	CHUCL		14. MOTHER'S	- 6/				-	
	Theresels Decree					56-36-66	rah Kr					
15	Frank Buri		CES2 114	SOCIAL SECURITY NO	117 11	NFORMANT	Lan M	TEHLO	Add			
	L no. or unknown) (I	f yes, give war or dates of s	ervice)		. 17. "		7 /		1.5 -	411		
	No			9-16-2218		ноѕр	ital A	amis	sion Shee	T.		
		H [Enter only one co	use per li	ne for (a), (b), and (c)	.]							ND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 /	reun	4						400	untho
	592 X	DUE TO									-	
	Canditians, if an	y, which) (b	, a	lumies	u	estril					10	
	gove rise to im	mediate (0					0	Ju.
	couse (a), stating II	ne under-								Page 1		
ž		er significant con		ONTRIBUTING TO DE	ATH BUT	NOT PELATED TO	THE TERMIN	IAI DISEAS	E CONDITION GIV	ENI INI PART 1/	a) 19 W	AS AUTOPSY
CATION	7		21110113	OTTAIN DO THE DE	AIII BOT	NOT KEENIED TO	THE TERMIN	AVE DISEVS	c condition di	EN IN PART I	PER	RFORMED?
FIC	20a. ACCIDENT WAS	HNDSSIVING ED	20h DEC	CRIBE HOW INJURY O	CCHORE	15		1 D	M -6 % 10 1		YES	□ NOE
CERT	OR CONTRIBUTING	CAUSE OF DEATH	200. DE3	TRIBE HOW INJURY C	CCORREL	J. (Enter nature of	r injury in Po	om I or rom	r III or Item IB.)			
3	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED	20e. PL/	ACE OF INJURY	Home, farm,	20f. (City	or town)	(Cou	nty)	(State)
MEDI	Hour a. ft. p. m.	19	While at wor	Not while	roc	tory, street, office	bidg., etc.)					
			-			200-61	. C.	1. 20				
		at I attended the	deceas	4		1957	. 71 /	427				ne deceased
	alive on	4	, 12_	2, ond that	death	occurred of			n the causes o		date st	ated above.
	ACTUAL	13	1	1			A	DDRESS (SI	treet, city or town,	stote)		DATE SIGNED
	ACTUAL	D 12	ne	1 and	/	M.D.	und	< S	mie	1 ug	2	129/57
	PHYSICIAN'S	11 0 0	1								,	
	NAME (Type)	4,0,13	04	IFANT			Sar	ndy Si	orang, Mo	1.		
220	BURIAL, CREMATION	L 226. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	TION (City, town,	or county)	15	itate)
	Burial (Specify)	July 30.	1957	Burtons	dlla	Union C			urtonsvi			
23.	FUNERAL DIRECTOR'S)	ADDRESS			240. REC'D			STRAR'S SIGNA		LO allina
L	larner to	5: Tump	rece	Silver S	Sprin	ng, Md.		30-5		1- 1	. 13	Tour
_				4			DILLE (- 1	- FULL	mich	1 10	- Level

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A SHEET TO SHEET WAS A SHEET W			in and Turk Albert 198
BUREAU V. S.			in and helt village 170

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	07615 Item 7 FilmG218 CERTIFICA	ATE OF DEATH Reg. Dist. No. 2/9
	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
Ö	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 2010 Grace Church Road	d. STREET ADDRESS 2010 Grace Church Road on A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) HAGE - VE E 20 LETE 5. SEX 6. COLOR OF RACE 7. MARRIED SLEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. lost by (hdoy) Months Days Hours Min.
1	TR Wh WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Housewife, beautitian, cashier	8/1/1893 .63 yrs.
/	13. FATHER'S NAME A. P. Griffith	14. MOTHER'S MAIDEN NAME Elizabeth Shaver
)	(Yes on or unknown) . (If we give was as dates of service)	NFORMANT C.M.Cash 2010 Grace Ch.Rd., S.S., Md.
	18. CAUSE OF DEATH [Enter only one couse per lime for (o), (b), 6hd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Hemorrhage internal between onset and death of theriosclasss
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 420,1 Coronary ARtery	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State) ctory, street, affice bldg., etc.)
/		on 1957, to July 22, 1957, that I last saw the decease accurred at Say SAM from the causes and on the date stated above ABORESS (Street, sity or lown, stote) M.D. /673- Vark Road N-W- July 2 a Washington (0, P.C.
	TIOMOVAL III	n Cemetery Fort Worth, Texas
	The S.H. Hines Co., 2901 14th St.N.	

VS A15 (4) 15M 9/55

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1961 83 1067

HILL T. T. T. HOLD AND T. T. T. OLD



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
07616	CERTIFICATE	OF	DEATH	R

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Monts	gomery		MARYLAND	a. STATE	Marvla		d. If institution b. COUNTY	m: Residen			
		outside corporate limits	, write c. l	LENGTH OF STAY IN 18	c. CITY OR	TOWN (If outsidersburg	de corporate l	imits, write RU				
	OR INSTITUTION	At (If not in hospital, given to the control of the	osp.	ess)	d. STREET A 222 E.		nd Ave	•				DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	BESSIE First	BEAL	L CASH	ELL Los		DATE OF DEATH	July 5		57 ^{Do)}		rear
5.	Female	TYPI- JA -	7. MARRIED (NEVER MARRIED DIVORCED	Sept. 18		9. A	GE (In years st birthdoy) 77 yrs.	Months	Days 17	IF UNDE Haurs	R 24 HRS. Min.
L	None FATHER'S NAME	N (Give kind of wark doing life, even if retired) W. Cashell		D OF BUSINESS OR INI	La 14. MOTHER'S	yhill, No MAIDEN NAMI	Maryla		12. CIT		F WHAT	COUNTRY
15	. WAS DECEASED EVER	R IN U. S. ARMED FORC	ES? 16. SOC		INFORMANT Ars. Walte			33 Ma	"Gai rylar	ther	sbu	rg, Mo
	PART I. DEA	the under- C)_(c)_	He	remi vale l	Failu A Dyeloe Fion	Gene		res A		ONS	RVAL BE	DEATH
CERTIFICATION	PART II. OTH	ER SIGNIFICANT COND							IN IN PAR	[1(a) 19	PERFO	AUTOPSY RMED? NO
MEDICAL CERTI		CAUSE OF DEATH MEDICAL EXAMINER)	20d. INJUR		PLACE OF INJURY (foctory, street, office	Home, farm, 2			(0	County)		(State)
MED		at I attended the o	deceased (from. 19 J	th occurred at M.D. 10 8	10 7	h from the RESS Street,	e causes and city ar town, s	nd on th		e state	
22 E	to. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	7/8/1957		c. NAME OF CEMETERY Rockville U	OR CREMATORY	22d		(City, town, or	r caunty)	Ma	(Stote ryla	
	obert A. P	s signature umphrey-7	557 W	ADDRESS is. Ave. Be	th. Md.	24a. REC'D BY	REGISTRAR	24b. REGIST	TRAK'S SIC	NATUR	E	0

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BECENTED	e cv.llc	n in Jolliv			Laring
ATIVITA DE LA PRIME	The state of the s	ve. E. m. wd.	7.3. V Test-	75-10 mi	. 129007

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

BUREAU V. S.

15 1957

THE PART OF CHAPTER STREET

of National Association

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO TO

(State)

DATE SIGNED

AState)

Days

(County)

ON A FARM?

YES NO TA

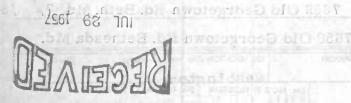
Year

4961 68 701

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.



BUREAU V. S.

7550 Old George own . Euthesda M.

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fungral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refunded for your files. DEUNE CORE Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the 3 Board of Health. M inated agent, priar to burial, cremation, or removal, and in any event within 72 hours after d or its des

ř	-	F
٧	S. A1	SME
	5M 2	/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 076 15 DICAL EXAMINER'S CERTIFICATE OF DEATH

07582 Reg. Dist. No. 2/6

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	o. COUNTY Montamery MARYLAND	o. STATE md b. COUNTY manta						
	b. CITY OR TOWN (If outside corpo ate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If obtside corporate limits, write RURAL and giv nearest town)						
	Chery Chase 14	X2 Cherry Chase						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE						
	3937 Neudale Rd.	13937 Neurolale Red YES NO SE						
	3. NAME OF First Middle	Losi 4. DATE Month Doy Yeor						
1	(Type or print) THELMA H. Com	Ston DEATH Inche 20 1857						
	6. COLOR OR NACE 7. MARRIED NEVER MARRIED 6.	off by theleval						
	flunde White WIDOWED DIVORCED	11-11-1901 515 ya. Months Doys Hours Min.						
1	100/ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
1	Clerk U.A.A	Texas U.S.a						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Unknown	Unknown						
-	[Yes, no, or unknown] [Iff yes, give wor ar dates of service]	FORMANT Address						
	No None Ma	brion L. Compton (son) Item 2						
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Consry o	celusion sudden						
	420.1 DUE TO							
	Canditions, if any, which gave rise to immediate cause							
١	(a), stating the underlying DUE TO							
	cause lost. (c)							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?						
1	N 20- EVERNIAL CALIES WAS	YES NO NO						
	CAUSE OF DEATH.	nter nature of injury in Part I ar Part II of item 18.)						
H	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or lawn) (County) (State)						
	Hour a.m. While Not while foctor p. m. 19 at work of work	17, sites, office olog, etc.)						
	21. I certify that I took charge of the remains described above	ve, held on Autopsy . Inspection . Inquiry . and in my						
	opinion death resulted from: Notural couses 🛣, Accident [, Suicide , Homicide , Undetermined monner						
	1 10 0							
	SIGNATURE LAND & Sweepart	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED						
4	EXAMINER'S TO A 1 1 TO TO	ASSISTANT MEDICAL EXAMINER						
	NAME (Type) + HANK 1. /3/05 Chaht	DEPUTY MEDICAL EXAMINER A						
ı	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, Iown, or county) (State)						
H	Burial 7/30/57 Arlington N	Vational Arlington, Virginia						
H	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	Robert A. Pumphrey Bethewda, Mary	rland DATE 7-29-57 Bess: M Gran Game						

	CERTIFICATE OF D			
The second		resident		
The state of the s	J 41777			
idad Miles	383/ 1/2	BA July	Secretary of	TENED I
The State of the S	John Land		W.	
	7647-10-77	TENERAL NAME OF THE PARTY OF TH		
D. 2 to 1	HERE'S	4.00		
	TW10W1		CIOWAY.	
Ec 1727 (18)	water of the cold	STOV		100
Sure	A	Commence		
			Part of the second	
1961 I 1962		Antonio	C COM	
	Secretary in the second	Storate o	五分业代 江	
SECEINE.	ntina lancidaw	noughken	78/08/1	Lairus
	the basin	Betheads, Mar	A. Pumphrey	39-40.

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
07620	CERTIFICATE	OF DEATH	

0.7583

F DEATH Reg. Dist. No. 216

o. Could ontgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Warylan	ere deceased lived	. If institution: Residence of Montgon		dmissian)
	NGTH OF STAY IN 16	c. CITY OR TOWN (IF o		nits, write RURAL an	d give nearest	tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION 6921 Old Spring Road	s)	d. STREET ADDRESS	Spring	Road		S RESIDENCE ON A FARM? ES NO X
3. NAME OF First DECEASED (Type or print) ESTHER	Middle V. COC)KMAN	4. DATE OF	Month ly 14.	Day	Yeor 19 57
5. SEX Female 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 18, 18	lost	E (In years IF UND birthday) Months		UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own	of Business or INDU Home	Iowa	or foreign country)		CITIZEN OF W	VHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
Charles E. Vrooman		Julia Free	nch			
(Yes, no, or unknown) (If yes, give wor or dates of service)		nformant rs Henry G.]	Herrell-	Address Item # 2		
DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost. PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT	NOT REPAIRD TO THE TERMINAL TO SHARE THE STATE OF THE TERMINAL TO SHARE THE	~ life	•	PI	NAS AUTOPSY ERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While While of wark 0	lat while	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.	20f. (City-or-tow	vn)	(County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S JULIAL M. G 220. BURIAL CREMATION, 22b. DATE THEREOF 22c.	_, and that death CEN NAME OF CEMETERY O	m.D.	AM, fram the ADDRESS (Street, co	City, town, ar county	the date s	stated above. DATE SIGNED
Cremation 710.737 Ce	edar Hill	24o. REC'G	Suitland BY REGISTRAR	, Md.	SIGNATURE	
Robert A. Pumphrey-Bethe	sda, Md.	DATE 7-	-16-57	Basin	12 4	11.21/1/1/1

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		1000	
BUREAU V. E.			
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BECEIVED	Tiers	Cadar IIII	7, 18, 57
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plands carbon physician 9/ attending ā 6 any gned burial-transit os Use payou det Pe 0 6 TO FUNER, the regist

24

within

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

21. I certify that I attended the deceased fram.

Hour o. m.

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

400.1

Conditions, if any, which

gove rise to immediate

cause (a), stoting the underlying couse lost.

and that death accurred at 1.30 AM, from the causes and an the date stated above. ACTUAL

Day, Year

DUE TO

DUE TO

(b)

20d. INJURY OCCURRED

Not while

ADDRESS

of work

While

of work

Michael Mc Therney 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY arkl

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20e. PLACE OF INJURY (Home, farm,

foctory, street, office bldg., etc.]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

Cemeterv Rockvi

Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

Bethesda, Maryland 24a. REC'D BY REGISTRAR DATE

20f. (City or town)

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

07584

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

15 minule

PERFORMED? YES NO PA

(Stote)

DATE SIGNED

10,000

(Stote)

(County)

1957, that I last saw the deceased

Day

ON A FARM?

YES NOT

Year

BUREAU V. S. 1027

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8&9 FilmG218 7/26/57 cap 07622 CERTIFICATE OF DEATH

Reg. Dist. No. 247

1. PLACE OF DEATH		NCE (HOME) OF DECEA	
COUNTY MONTE MARYLA	ND STATE Mary	Land	Montg
CITY (If outside corporate limits, write RURAL LENGTH OF	STAY CITY (if outside corp	orate limits, write RURAL and give	neerest town)
OR ond give neggy town y	XO TOWN Gait	hersburg. Ru	ral
HOSPITAL OR INSTITUTION OR Montg, Co. General Hospital Address Montg, Co.	STREET ADDRESS	(If rural give loceti	on)
3. NAME OF (First) (Middle)	(Lost)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) M aud Connelly	Davis	OF DEATH Jul	y 14 19 57
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH	0.0	IDER 1 YEAR IF UNDER 24 HE
Female White Wilder Specify WINDS	Jan 12-18 ??	78 yrs. Ment	ns Pays Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT
ratired) House Wife Home Work	Montg. Co.	· Md.	II S A
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
John Connelly	Marana	h Walton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 1 17. INFORMANT &	t Wolter ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)			
	ICAL CERTIFICATION	nd Davis. Dar	nestown Md
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
TO THE RESUMPTION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		JR? (City or town) (0	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCUR While Not et work et w.	while	JR?	
22. I hereby-certify that I attended the deceased from	m. 1055 to be	ely 14, 1957, the	at I last saw the decease
alive on 1944 13, 19.5 7 and that death of			
SIGNATURE		RESS (Street, city, town, state)	
back to pumarless	Buther	men la	d 0.15-5
3. BURIAL, CREMATION. DATE THEREOF NAME OF C	M. D. EMETERY OR CREMATORY	LOCATION (City, town, or co	unty) (State)
DELLECT LEDERIFICA	estown Cemetery	Darnestown	
	25. FUNERAL DIRECTOR'S		ADDRESS
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE			
ATE 7/16/5/ Solotrades Nav	Ernest C.	Gartner. Ga	ithersburg.

GERTHEICATE OF DEATH



715 W W 217

115 83 1957

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	

07557 CERTIFICATE OF DEATH

M

07586 Reg. Dist. No. 223

-		PLACE OF BEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY	e before admission)			
1		Mantaomery		comery			
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
-	-	Takoma Park Lhours IIn		Is pesiperies			
-		OR INSTITUTION /	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	1	Washington Janitarium + Hospi	201 Lincoln Avenue	YES NO			
	1	NAME OF Charles Lee Middle Type or print) To fant Boy	Dennic Jr. d. DATE Month OF DEATH July	Doy Year 2 1957			
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.			
	E	Boy White WIDOWED DIVORCED		Poys Hours Min. 2 11			
,	100.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Induring most of working life, even if retired)	IDUSTRY 11. BIRFHPEACE (Stole or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
		during most or working life, even if retired)	Maryland U	SA.			
	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	1	Charles Lee Donnis	Mary Grace Coryell				
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT / Address				
	(Tes.	no, or unknown) f yes, give wor or dates of service}	Mother (See birth Cert.)				
-		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN			
Э	34	PART I. DEATH WAS CAUSED BY:	struit.	ONSET AND DEATH			
		MMEDIATE CAUSE (a) DUE TO	- vectory				
		Conditions, if any, which (b)					
		cause (a), stating the <u>under-</u> DUE TO					
	-	lying cause lost. (c)					
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH							
	CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d	. PLACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (State)			
	MEDICAL	Haur o. m. While Not while of work of work	foctory, street, office bldg., etc.)				
	2		7-2-5- 02/ 7-5				
		21. I certify that I attended the deceased from 8.30 am)- 4957, to 921 7-2-5,719 that I last saw the deceased					
		alive an 7-2-5/, 19 , and that de	ath accurred at G^{2}/A . M, from the causes and an the	e date stated above.			
	1	. 0 . 1.01	ADDRESS (Street, city or town, state)	DATE SIGNED			
1	9	SIGNATURE Kuth Standard	M.D. Work San + Hoys Teek	oma Vackul			
		BAINGIGIA ATIC					
		PHYSICIAN'S Ruth Standard, M.D.					
F	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)			
	CI	remation July 3, 1957 Washingt	on Sanitarium & Hosp. Takoma Parke	Maryland			
	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1240 REC'D BY REGISTRAR 246. REGISTRARES SE				
	Ro	bert A. Hare, M. D. Takoma Park, Md.		na NISTI			
			0.01	W NCES			

MINITE.

CERTIFICATE OF DEATH

Arlington, Virginia

240. REC'D BY REGISTRAR

DATE

240 REGISTRAR'S SIGNATURE

	07	623	CERTIFICA	ATE O	DEAT	H		Reg. Dist	No.	215
1, PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	2. USUAL o. STAT			d lived. If instituti Columbia		before	odmission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY			rote limits, write R		e neores	I town)
Bethesda	(Rural)		15 days		Washir	ngton		477	(3	
d. NAME OF HOSP	Hospital,	Beth	oddress)	d. STRE	ET ADDRESS 2022 (Columbi	ia Road			IS RESIDENCE ON A FARM? 'ES NO 🖾
3. NAME OF DECEASED (Type or print)	Fi Minn:		Middle Viola	DIC	KINS	4. DATE OF DEATH	Mon Jul		Doy 23	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	8. DATE OF			9. AGE (In years lost birthdoy)			UNDER 24 HRS.
Female	White	WIDOW			me 186'	*	90 yrs.			Man,
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIR	THPLACE (Stote	or foreign co	ountry)	12. CITIZ		WHAT COUNTRY
Housew fe		H	ousewife		.ssissi				U.S	· .
13. FATHER'S NAME					IER'S MAIDEN					
Dudley A.	STINSON			Nar	nie TAI	RKINGT	ON			
15. WAS DECEASED EV (Yes no. or unknown) NO	ER IN U. S, ARMED FOR (If yes, give war or dates of the			informant Officia	l Navy	Record	Add ds	ress		
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	00	refer (o), (b), and (c).	rscul	arlac	cide	t			AL BETWEEN AND DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate DUE TO	Ar	Perioelestre	Cord	usroseu	elar	dues	<u>e</u>		
5 Practur	THER SIGNIFICANT CON	1	Lerie A	T NOT RELATE	D TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO
OR CONTRIBUTIN	AS UNDERLYING TO G DEAUSE OF DEATH Y MEDICAL EXAMINER)	206. 005	Fell on fe	D (Enter note	ore of injury in	Far I or Port	1 11 of (1em 1B.)			
20c. TIME OF INJU	7/0105	or 20d. It While of work	Not while _ G	ACE OF INIX	RY (Home, fors office bldg., et	c.) /	or toyin)	/	Unixi	(Stote)
21. I certify talive on 2	hat I attended the 3 July	decease , 19.5	ed from 8 Jilly	19.				ond on the		the decease stated above DATE SIGNE
ACTUAL	Scorge	12	Kin	M.D. U.S	. Nava		ital, Be		, Md	1 -
			SI, LT,MC,USN				ital, Be		, Md	•
220. BURIAL, CREMATI	ON, 226. DATE THEREC	JP.	22c. NAME OF CEMETERY C	OR CREMATO	ΥY	22d. LOCA	TION (City, town,	or county)		(Stote)

Arlington Nat'l Cemetery

St., N.W. Washington, D.C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. Jild be detached for use as the burial-transit permit. Then please remave carban popers. Pages

by the funeral director

Examiner, Montgomery

prior to buriel, cremation, or removal, and in any event within 72 hours after death.

Assistant Medical

Ball,

John

Dr.

-26-57

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DECENDED			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C762 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07588 Reg. Dist. No.

•	1. PLACE OF DEATH 0. COUNTY Montgomery Maryland						2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Montgomery								
	b. CITY OR TOWN (If outside corporate limits, write RURA) ond give nearest town) c. LENGTH OF STAY IN 1b														
	-	Silver Sp	ring		4 years		Silver Spring 56								
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						ADDRESS		1				ESIDENCE	
5			rain Avenu	ie	4		10,2	205 Lo		Avenue				ON A FARM?	
		NAME OF DECEASED Type or print) Edi	ward Josep	h Don	nahue Middle		Los	1	4. DATE OF DEATH	July 10		Doy		fear 9	
	5. S	male 6	white	7. MARRIE			DATE OF BIRT			9. AGE (In years lost birthdoy) 70 yrs.	Month Month	DER TYEAR	IF UND	ER 24 HPS. Min.	
1	0	. USUAL OCCUPATION luring most of working li	fe, even if retired)		S. Govit			ACE (Stote		country)		U. S.		COUNTRY	
	13.	FATHER'S NAME				1	14. MOTHER'S								
		James F. Don	nahue				Marga	ret K	ellv						
		WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. INF	ORMANT			Address			(Md.	
1			MV #1		None	Edv	ward C.	Dona	hue, K	emp Mill	Rd.	.Silve			
			Enter only one cause WAS CAUSED BY: MEDIATE CAUSE (a)	e per line f	or (o), (b), and (c).]	occlu	usion					ONSE	rand de	ATH	
		Conditions, if ony,	e couse												
		(a), stating the und	erlying (c)_												
)	ATION	PART II. OTHER	SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	/EN IN			AUTOPSY RMED?	
	CERTIFICATION	20a. EXTERNAL CAUSE PRIMARY ar CONTR CAUSE OF DEATH.	WAS IBUTING 20b	DESCRIBE	HOW INJURY OCC	URRED. (Enl	er nature of i	njury in Porl	I or Port II	l of item 18.)					
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year	While	NJURY OCCURRED Not while at work	20e. PLACE factory	OF INJURY (y, street, affice	Home, farm, bldg., etc.)	20f. (Cit	y or lown)		(County)		(Slote)	
2		21. I certify that opinion death results actual signature EXAMINER'S NAME (Type)		atural c	auses X. Acc	cident [M.D. CHIEF A	Autapsy e , H MEDICAL EX. INT MEDICAL MEDICAL E	damicide			d manne	DATE S	d in my	
	220 BI	BURIAL, CREMATION. REMOVAL (Specify) JRIAL			PARKLAWN	CEMET	REMATORY		22d. LOCA	TION (City, town,			(Stol	•)	
	-	FUNERAL DIRECTOR'S	IGNATURE /	-	ADDRESS			240. REC'D	BY REGIS			SIGNATUR	-	\	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the fungral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refined for your files.

TO FUN. I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 per Baard of Health, are its designated agent, prior to burial, cremotian, ar removal, and in, any event within 72 hours after death. 4 should TO FUNS VS. A15ME



A ARYTAND STATE DESARIMENT OF HEALTH AGAINMOST, AT

BUREAU V. S.

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ME OF DEASED EVEN UNITED TO THE PART I. DE PART I. DE Conditions, if gave rise to couse (o), stoting ying cause last	ITAL (If not in hospital, give First ARY 6. COLOR OR RACE White WON (Give kind of work dan rking life, even if retired) FRIN U. S. ARMED FORCES (If yes, give war or dates of service) ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate to the under-	write c. LENGTH OF S 2 yrs street address) Mi S'ny de MARRIEB NEVER MARRIEB NEVER MARRIEB NEVER MARRIEB 10b. KIND OF BUSINES Curr from S7 16. SOCIAL SECURITY (e)	ddle R ARRIED B. DATE B. DATE B. DATE B. DATE B. DATE B. DATE ARRIED TA ARRIED TA ARRIED TA B. DATE ARRIED TA ARRIED TA	CITY OR TOWN (IF OUT STREET ADDRESS LOST LOST COP BIRTH SERV OF BIRTH CONTROL OTHER'S MAIDEN NA MATY ANT LACE RE LOST CONTROL CONTROL	of DEATH July 9 AGE (In ye lost birthde los	Manth Do Manths Days 12. CITIZEN C Address Chestnu	e. IS RESIDENCE ON A FARM? YES NO D IF UNDER 24 HRS Haurs Min. DE WHAT COUNTR
ME OF DEASED EVALUATION OF UNITY OF UNI	ITAL (If not in hospital, give First ACC (If you had be work don't with the series of	S'nyde, MARRIED NEVER MA MIDOWED DIVO THE 10b. KIND OF BUSINES CLUMB 10c. S7 16. SOCIAL SECURITY THE 10c. (b), and The per line for (c), (b), and	ddle R ARRIED B. DATE B. DATE B. DATE B. DATE B. DATE THE STATE 14. M TO 17. INFORMA Hosp (c).] C Throm Tra Hea	OF BIRTH BIRTHPLACE (State or MOTHER'S MAIDEN NA MATY LOST ANT LOST MOTHER'S MAIDEN NA MATY LOST MOTHER'S MAIDEN NA MOTHER'S MAID	4. DATE OF DEATH July 9. AGE (In ye lost birthde or foreign country) Lower C B Car across	Manth Do Hears IF UNDER 1 YEAR DY) Manths Days 12. CITIZEN C Address Chestmu	e. IS RESIDENCE ON A FARM? YES NO 19 IF UNDER 24 HRS Hours Min. F WHAT COUNTE REVAL BETWEEN EST AND DEATH
ME OF CEASED EVALUATION OF THE STAND OF THE	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Immediate (b) DUE TO COUNTY OF TO THE TO T	S'nyde MARRIED NEVER MA VIDOWED DIVO 10b. KIND OF BUSINES CULTURA S7 16. SOCIAL SECURITY ce) e per line for (o), (b), and	ddle R ARRIED B. DATE BRCED Mar. SS OR INDUSTRY 11. ARRIED 14. M INO. 17. INFORMA Hosp (c).] Character (c).]	OF BIRTH WELL 31, 12 BIRTHPLACE (SIGNE OF BENNSYL MOTHER'S MAIDEN NA MATY ANT LETAL RE LETA	OF DEATH July 9. AGE (In ye lost birthde to the lost birthde to th	Hears IF UNDER 1 YEAR Address Chestnu INT. ON:	ON A FARM? YES NO 19 Yeor 195 IF UNDER 24 HRS Haurs Min. F WHAT COUNTI
ME OF CEASED DE OF PRINTS SUAL OCCUPAT Uring most of wo THER'S NAME AS DECEASEDEV AS DECEASEDEV Conditions, if gave rise to couse (o), stoting ying cause last	First MARY 6. COLOR OR RACE 7. WHON (Give kind of work dan rking life, even if retired) FRIN U. S. ARMED FORCES (It yes, give war or dates of service) ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate in the under. DUE TO COUNTY WHICH IS TO SERVICE TO SERV	MARRIED NEVER MA VIDOWED DIVO THE 10b. KIND OF BUSINES CHARLES ST 16. SOCIAL SECURITY E per line for (0), (b), and	ddle R ARRIED B. DATE DRCED Than SS OR INDUSTRY 11. ALL 14. M Ler 17. INFORMA Hosp (c).] C(c).]	OF BIRTH Who 31, 1. BIRTHPLACE (State or PENNSYL MOTHER'S MAIDEN NA MARY ANT Hal Re Loss The Discontinuous and the state of th	OF DEATH July 9. AGE (In ye lost birthde to the lost birthde to th	Hears IF UNDER 1 YEAR Address Chestnu INT. ON:	YES NO THE NOTE OF
SUAL OCCUPAT uring most of wo THER'S NAME COULDAI COUNTY THER'S NAME COUNTY COUN	6. COLOR OR RACE 7. White William of work dan rking life, even if retired) Penno ER IN U. S. ARMED FORCES (It yes, give war or dates of service) ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate in the under. DUE TO The under- Output DUE TO C(c)	MARRIED NEVER MA VIDOWED DIVO THE 10b. KIND OF BUSINES CHARLES ST 16. SOCIAL SECURITY E per line for (0), (b), and	ARRIED B. DATE PRICED THAT SS OR INDUSTRY 11 AND 17. INFORMA HOSP (c).] Land Hosp And Hos	OF BIRTH WELL 31, 1. BIRTHPLACE (Stote or PENNSY! MOTHER'S MAIDEN NA MARY ANT LAL RE LASSES LA DISE LA	OF DEATH July 9. AGE (In ye lost birthde to the lost birthde to th	Hears IF UNDER 1 YEAR Address Chestnu INT. ON:	IF UNDER 24 HR. Hours Min. F WHAT COUNT REVAL BETWEEN ERVAL BETWEEN ET AND DEATH
SUAL OCCUPAT uring most of wo THER'S NAME AS DECEASEDEY b. or unknown) CAUSE OF DE PART I. DE Conditions, if gave rise to couse (o), stoting ying cause last	IDN (Give kind of work dan rking life, even if retired) Personal	VIDOWED DIVO Nee 10b. KIND OF BUSINES CLUTT HE STORY STORY 16. SOCIAL SECURITY ce) Per line for (o), (b), and	SS OR INDUSTRY 11. Ler 7 NO. 17. INFORMA Hosp (c).] C().]	BERTHPLACE (State or Pennsyll MOTHER'S MAIDEN NA MATY ANT LACE REPORTED TO THE PENNSYLL REPORTED	lost birthdo r foreign country) Evanuar AME C B Car	Months Days yrs. 3 12. CITIZEN C Address Chestnu	Hours Min. E WHAT COUNT COUN
THER'S NAME AS DECEASED EV CAUSE OF DE PART I. DE Conditions, if gave rise to louse (o), stoting ying cause last	ER IN U. S. ARMED FORCES (It yes, give wor or dates of service ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE [6] DUE TO any, which immediate the under. DUE TO (c)	Snyc Social Security e per line for (o), (b), and	ler 7 NO. 17. INFORMA Hosp (c).] Throm tra Itea	Pennsyl MOTHER'S MAIDEN NA Mary ANT ital Re aboses	lvania CBlas cords	Le Address Chestnu	Z Lodgerval Between
AS DECEASEDEV AS DECEASEDEV CAUSE OF DE PART I. DE Conditions, if gave rise to couse (o), stoting ying cause last	ER IN U. S. ARMED FORCES (It yes, give war or dates of service ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate the under- the under- (c)	e per line for (o), (b), and	(c).] (c).] tra /fea	mary ANT ifal Re rboses AT Description	C Blas	Chestru	ET AND DEATH
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PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate the under: C(c)		tra Itea	4	an	ON:	ET AND DEATH
gave rise to ouse (o), stating ying cause last	any, which (b) (b) (b) (b) (c)	Rhouma with to	tra Hea	4	are	3	5 yrs
ying cause last	(c)_	wur !!	wrock .	A	is and		
PART II. OT		un	ricula	re fil	is and	23-20	
	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES AND
R CONTRIBUTING	AS UNDERLYING 201 G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJUR	RY OCCURRED. (Enter	nature of injury in Pa	art I or Part II of item 18.)	
c. TIME OF INJU Hour a. j., p. m.	10	20d. INJURY OCCURRED While Nat while of wark of work	factory, stre	INJURY (Hame, farm, eet, office bldg., etc.)	20f. (City or tawn)	(County)	(State
I. I certify t	hat I attended the de	/3					
live on	Ag +	, 12.5 7 , and th	hat death accur				te stated aba
CTUAL GNATURE	Porenne.	Cooper	M.D	195 was	hy fraid	July 4	195
IYSICIAN'S C	Corinne Coop	er - 104 S.	Washingt	on St., Ro	ckville, Ma	ryland	
URIAL, CREMATIC EMOVAL (Specify	ON, 226. DATE THEREOF	Alleghe	TEMETERY OR CREMA	TORY 2	22d. LOCATION (City, tow		(State)
I CO	p. m. I certify to live on	p. m. 19 I. I certify that I attended the d live on friday f TUAL SNATURE Corinne Coop ME (Type) JRIAL, CREMATION, 22b. DATE THEREOF	p. m. 19 of work of order of work of	p. m. 19 of work of w	p. m. 19 of wark of of work of the state of work of the state of work of the state of work of the work	p. m. 19 of work of otwork 19-37, to 19-37,	p. m. 19 of work of otwork of work of

executed within 24 hours after death. Page 4

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	644
	(7558 CERTIFICATE OF DEATH Reg. Dist. I	723 No.
1.	PLACE OF DEATH 10. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence be on STATE Maryland b. COUNTY Montg	efore odmission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give	nearest town)
CIL	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) g. STREET ADDRESS g. STREET ADDRESS	e. IS RESIDEN
73	Washington Sanitarium + Hospital 313 University Blvd. E.	ON A FARM
3.	NAME OF DECEASED (Type or print) Totant Boy Dreuer 4. DATE OF DEATH Month uly	Day Yeor
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED JULY 31 1957 9. AGE (In years / IF UNDER 1 YE lost birthday) Months Day yrs.	AR IF UNDER 24
/ 10	Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Maryland	OF WHAT COU
13	14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Physics Robert Dreiver Physics Klizobeth Mol	linaen
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	ing the
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Premalurities (6 mg).	NTERVAL BETWEE
	Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTO PERFORMED YES NO
CERTIF		
MEDICAL	Country Country Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of w	(y) (S
	21. I certify that I attended the deceased from 6:55 PM-31-18 to 7-31-57-10:45, 18 that I last	saw the dec
	alive on 7-31-57, 19, and that death occurred at 10:45 PM, from the causes and an the ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Revel M.D. LDGSh: San 4 Horp -	date stated a
	PHYSICIAN'S Ruth Standard MD. Tatoma Pas	k m
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cremation 8-4-57. Washington Sanitarium and Hosp., Takoma Park 1	(Stote)
	8. FUNERALDIRECTOR'S SIGNATURE WASHINGTON and Hosp., Takoma Park, Md 240. REGISTRAR Robert A. Have. M.D. Washington Sanitarium Robert A. Have. M.D. Washington Sanitarium	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2075363 XVI

CERTIFICATE OF DEATH

BUREAU K. E.

VNG 12 1957

BECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07590 21 Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) O. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) O. COUNTY O. COUNT
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) RURAL and give nearest town) C. STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess) OR HIS LITPLY OF HOSPITAL (IF not in haspital, give street add/ess)
	NAME OF DECEASED VILLIAM Middle DIDLE DEATH Monthly Day Year 1957
1	Sex 6. COLOR OR BICE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Sept. 29, 1885 Sept. 29, 1885 Manifes Days Hours Min.
1	Od. USUAL OCCUPATION (Give kind of work done) 10br KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (State or foreign country) Takoma Park, Md. 12. CITIZEN OF WHAT COUNTRY? Takoma Park, Md. U. S. A.
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Frederick E. Dudley, Sr. Betsy Cora Wentworth
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT F. Dudy Address Survives None None
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSE AND FEATHER ONSE AND FEA
	Conditions, if any, which gove rise to immediate cause (a), staling the under lying couse lost. DUE TO DUE T
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTI
_	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. fl. 19 While Not while at work at w
	21. I certify that I attended the deceased from John John John John John John John John
2	20. BURIAL CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof 22c. Name of Cemetery or Crematory Cedar Hill Cemetery Suitland, Md.
2	FUNERAL DIRECTOR'S SIGNATURE SILVEY Spring, Md. 240. REC'D BY REGISTRAR'S SIGNATURE DATE 2357

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07591

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery MARYLAND West Virginia c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Bethesda Martinsburg d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 1017 West King Street YES NO NAME OF 4. DATE First Middle Month Year DECEASED 19 57 Francis Dunham George July DEATH (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Male DIVORCED June 20, 1902 White WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Asst. Sales Manager Textile Mfg. New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anne McCarroll Samuel R. Dunham The Medical RecordAddress 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unascertainable The Clinical Center, Bethesda 14, Maryland No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 2 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. FLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work July 5 July 13 19.57 that I last saw the deceased 21. I certify that I attended the deceased fram. alive an July 13 _, and that death accurred at 10:25%, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S GLENN A. DRAGER. M. D. Bethesda 14, Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) Bur-Transit St. Peters New Brunswick, New Jersey ADDRESS 23_FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md. DATE

with director filed should ofter physician remave hours guip alten by gned Ē burial-transit physici has detached dined by the DIRECTOR: A did be der

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07592

				CERT	IFICA	ATE OF DEA	TH			Reg. D	ist. No.	2,	16
	1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE o. STATE	(Where decea		institutio OUNTY	nı Reside	nce befor	re odmiss	ion)
	Mon ⁻	tgomery		MAR	YLAND	Mary	land					omer	
	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAT	YIN 16	c. CITY OR TOWN	(If outside cor	porate limits,	write RL	JRAL and	give neo	rest town	1)
	Bethe sda 11			53 days		Chevy Cha	se X	2					
	d. NAME OF HOSPITA	L (If not in hospital,	give street	oddress)		d. STREET ADDRESS						e. IS RES	SIDENCE FARM?
	The Clinical	L Center,	Bethe	sda 14, Mo	d.	7725 Broo	kville	Road					NO
	3. NAME OF DECEASED	Fi	rst	Middle	е	Lost	4. DATE		Mont	h	Do	у	Year
	(Type or print)	Emma		Rebe	ecca	Dunlop	OF DEAT	Н	Jul	y	17	,	19 57
ij	5. SEX	6. COLOR OR RACE	7. MARE	HED A NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In	years		R 1 YEAR		ER 24 HRS.
	Female	White	WIDOW	DIVORCE	ED 🗌	July 14, 1	910	47	yrs.	Waths	3 cars	Hours	Min.
1	100. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (SI	ote or foreign	country)		12. CI	TIZEN O	F WHAT	COUNTRY?
П	Clerk	ng life, even if retired	" [S.Governm	nent	Mary	land				U.S.	A	
4	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME						
	Horac	ce E. Trot	h, Jr			Grace E	. Harr						
	15. WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO	O. 17. IP	FORMANT The M	edical	Recor	d Addre	035			
	No	yes, give war or bares or	I THI VICE	577-07-208		he Clinical					. Ma	ryla	nd
1	18. CAUSE OF DEAT	H [Enter only one c	ouse per li	ne for (a), (b), and (c)						4	INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	of Pi	current	and	unlastin	Caren	NAME	20	3/	ONS	ET AND	DEATH
ı	161X	DUE TO			- 6	11		4	. (2			
1	Conditions, if on	y, which)	1. ex	ralottes	we	the wides	rong	me	Tas	Tax	00 /	150	MAI
1	gove rise to im couse (o), stoting the					1							
i	lying couse lost.) (c)										
1	PART II. OTHE	R SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	ASE CONDITI	ON GIVE	EN IN PAI	RT 1(o) 1	P. WAS	AUTOPSY
	3 605 Wem	ourkage	e 6	estites									RMED?
	PART II. OTHI	UNDERLYING D	20b. DES	PIBE HOW INJURY	OCCURRED). (Enter noture of injury	in Port I or Po	ort II of item	18.)				
		MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, flory, street, office bldg.,	arm, 20f. (C	ity or town)		((County)		(Stole)
	Hour o.m.	19	While of wor	k ot wark	,00	iory, street, office blag.,	eic.)						
1	21. I certify the	it I attended the	deceas	ed fram May	7 25	, 19. 57, ta_	July 1	17	9 57	that I	last so	w the	deceased
1	alive on Jul		, 19	57 and that	t death	occurred at 6.0	OSPM for	om the ca	ILES CI	nd on t	he da	le state	ed abave
1		2 1	01	9	5	00001100 0121212		(Street, city o			ine du		ATE SIGNED
	ACTUAL SIGNATURE	amuel	MA	mack	0	The Clin	ical Ce	enter					
1	-					National			of H	ealt	h		
1	PHYSICIAN'S AMU	el Charac	he M	.D.		Bethesda							
	220. BURIAL CREMATION			22c. NAME OF CEM	AETERY OF		22d. LOC	ATION (City,	town, o	r county)		(State	•)
	Burial (Specify)	7/19/19:	57	Rock Cr	eek (Cemetery		shingto			D.	C.	
	23. FUNERAL DIRECTOR'S			ADDRESS		24a. R	EC'D BY REGI	STRAR 24t	. REGIS	TRAR'S SI	GNATUR	E	
	Robert A. P	umphrey-	7557	Wis. Ave.	Bet	hesda, Md.	7-10-	57 /	3		ma 1	10.	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director. may be retained by the haspital ar attending physician.

TO FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 x and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages page 33 total de detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registral prior to burial, crematian, ar remaval, and in any event within 72 hours offer death.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07628 CERTIFICATE OF DEATH

Reg. Dist. No.

07593

-		
1.	PLACE OF DEATH d. COUNTY Montgomery Marylan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 23 yrs.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Silver Spring 56
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 14.716 Colesville Road	d. STREET ADDRESS 14,716 Colesville Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3.	NAME OF DECEASED (Type or print) Cletus Allen	DWYER 4. DATE Month Day Year OF DEATH July 23, 1957
5.	sex male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH April 26,1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (retired) Construction	DUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY. U. S. A.
13	3. FATHER'S NAME Thomas Dwyer	14. MOTHER'S MAIDEN NAME Mary Trout
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of vervice)	Mrs. Erma L. Dwyer, 14,716 Colesville Rd., SS.M
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O/X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) TRUCK DO TRUCK (b) DUE TO (c)	nocarditis onserand death
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH $443/\times$	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES VESTING 1
		RRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. ft. p. m. 19 at work of wark	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 7/3 alive on 7/23/, and that deceased from 7/3 alive on 7/3 alive on 7/3 and that deceased from 7/3 alive on 7/3	nth occurred at 1000 M, from the causes and an the date stated above ADDRESS (Street, city of Jown, stole) M.D. ADDRESS (Street, city of Jown, stole) 7/24/57
	20. BURIAL, CREMATION, REMOVAL (Specify) Burial 20. DATE THEREOF 21. NAME OF CEMETERY Cole sville	
23	B. ELINERAL DIRECTOR'S SIGNATURE ADDRESS Silver Sprin	ag, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 1/2 5/57 Mances Effective

. Dwyer, 14,716 Colesville Rd.,

BUREAU V. S.

1961 88 701



FOR STATE HEALTH DEPT.

necessory. please of director. Page of for your files. Boord of Health. Poge ond 3 to the funded ond 3 to the funded 5 may be refunded 2 with the hours after de

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter dec	2,	should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page	Ouo	its designated agent, prior to burial, cremation, or removal, and in any event within 22
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Marvland MARYLAND Montgomerv b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 901 Pershing Drive 901 Pershing Drive YES NO DE NAME OF DATE Middle Month DECEASED Eugene Emil Dzenis DEATH JULY 57 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Feb. 20, 1884 Months Doys Hours Min. male white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office Building Latvia Caretaker Latvia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Dzenis Emma Zeewald 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (if you, give war or dates of service) Mrs. Margaret Freevalds, 7329 Blair Rd., N. W. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Coronary Thrombosis PART I. DEATH WAS CAUSED BY: o INVIZ. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? NO Z 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry opinion death resulted from: Natural couses . Accident . Suicide | Homicide | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S**

John G. Ball DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

July 24.1957

22d. LOCATION (City, lown, or county)

(Stote)

Washington, D. C. Rock Creek Cemetery ADDRESS 24b. REGISTRAR'S SIGNATURE

Silver Spring, Md.

24o. REC'D BY REGISTRAR

0

NAME (Type)

REMOVAL (Specify) Burial

DECENTED

101 29 1957

BUREAU V. S.

THE STATE OF SECTION OF THE SECTION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67630 CERTIFICATE OF DEATH Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNT MARYLAND b. CITY OR TOWN (If outside comporate limits, write TENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negress town D. d. NAME OF HOSPITAL (If not in haspital, give street godress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 NON NAME OF Middle DATE Day Month Year DECEASED (Type or print) DEATH 19 5 9. AGE in years LEATNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 78. DATE OF BIRTH DIVORCED WIDOWED | YES & 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign coupty) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECORITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSERAND DEATH ᇻ PART I. DEATH WAS CAUSED BY: Bilateral Fetal Atlectasis IMMEDIATE CAUSE (a) DUE TO Prematurity permit. Canditians, if any, which ony gave rise to immediate DUE TO cause (a), stating the underpuo lying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? removol, NOF 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port I) of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, 20f. (City or town) (County) (Stole) foctory, street, affice bldg., etc.) g. n. While Not while at work at work p. m. for 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 1141M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ld be PHYSICIAN'S NAME (Type) 22g. BURAL, CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OF TREMATOR 22d. LOCATION (City, town, or ci (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24q. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55 212 X V 2

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BUREAU V. S.

FOR STATE HEALTH DEPT ed for your files. If any delay is necessary, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any de execute, the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fashow of forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be restored. TO FUNE 1, DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the or its designoted agent, prior to buriol, cremation, or removal, and in any event within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1763 FOR THE TOTAL EXAMINER'S CERTIFICATE OF DEATH

17596 Reg. Dist. No. 299

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery						
2	d. COUNTY MONTGOMETY MARYLAND							
	ond give negretal lown) C. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
_	Silver Spring 3 weeks	56 Silver Spring						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
0	1010 Dale Drive	1010 Dale Drive						
	3. NAME OF First Middle	Last 4. DATE Month Doy Year						
	(Type or print) Irene Pope Edwards.	DEATH July 24 19 57						
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.						
	female white widowed Divorced	Dec. 1, 1909 last bythdoy) yrs. Months Days Hours Min.						
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
1	during most of working life, even if retired) Trained Nurse Nursing	Washington, D. C. U. S. A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Carson Wesley Pope	Amy E. Belt						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [Yes, no, or unknown] [Yes, no, or unknown] [Yes, no, or unknown]	NFORMANT Address						
0		nilip C. Edwards, 1010 Dale Drive, S. S., Md.						
	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ashirination	· Larbon Monoxide, 1/2 hr.						
	973./ DUE TO	72191						
	Conditions, if ony, which) (b)							
	gove rise to immediate cause							
	(a), sloting the underlying couse lost.							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (EXTENMARY TO CONTRIBUTING TO CAUSE OF DEATH.	PERFORMED? YES NO P						
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port I or Part II af item 18.)						
	CAUSE OF DEATH. Unkeled Ox hourt	tumes of Auto						
	3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
	To 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAN Hour a. m. July 24 1937 While of work of work	Hone						
	21. I certify that I took charge of the remains described abo							
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined monner						
	A Accident							
	SIGNATURE John S. Ball	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED						
2	SIGNATURE JUM 25. SALL	ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S John G. Ball	DEPUTY MEDICAL EXAMINER 2 2 4 July 67						
	220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR							
	Burial July 26,1957 Rockville Cen							
	28) EUNERAL DIRECTOR SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	Mouner E. Tumphrey Silver Spring,	Md. DATE Boto Travers Cotto						

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07559 CERTIFICATE OF DEATH

07597

Reg. Dist. No.....

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Montgomery MARYLAND	STATE D. C. COUNTY				
CITY (If outside corporete limits, write RURAL OR and give neerest town) TOWN Takoma Park	CITY (It outside corporete limits, write RURAL end give nee	erest town)			
HOSPITAL OR 517 Albany Avenue	STREET (If rurel give location) ADDRESS				
STREET ADDRESS Oak Haven Rest Home	717 Rittenhouse St.	. N. W.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)			
(Type or Print) Mary Mabel	Eppley Beath July	26, , 57			
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED 1/2	of BIRTH 9. AGE last birthdey 15 Unotes 71 yrs.	Deys IF UNDER 24 HRS. Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if retirad) housewife	Washington, D. C.	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Daniel Sullivan	Mary E. Shepherd				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	Wm. Dennis Sullivan-B	Park Apts. altimore, Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH			
	a convert sod	3 mo.			
/76 × IMMEDIATE CAUSE (A) Carcinomatosis	s, genrarized	J Milos			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)Carcinoma of t	the genrative organs.				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterioscleros	sis, genralized				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
450.0	Of AUGUST DID AUGUST COMPANIES	YES NO NO			
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (Cour	nty) (Steta)			
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21o. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased fromNov.	, 19.50, to July 26, 1957., that I	last saw the deceased			
alive on 7-25-57, 19, and that death occurred a		d above.			
Burial 7/29/57 Cedar Hil	25. FUNERAL DIRECTOR'S SIGNATURE	es Co. Md.			
DATE LAND DE 1958 LAND LORD DE LA PULLON DE LA	25. FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Co. Was!	hington, D.C			

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VS A15 (4) 15M 9/55 0

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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07560 CERTIFICATE OF DEATH

8 07599 Reg. Dist. No. 723

1.	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where dec	eased lived. If institution b. COUNTY	n Residence bel	ore admission)	
-	Montgomery	MARYLAND	Maryland		[1]	ONT L	
	 CITY OR TOWN (If autside Eproporate limits, wri RURAL and give nearest town) 		c. CITY OR TOWN (If autside of	orporate limits, write RU	RAL and give n	earest town)	
L	Takona Park	123 days	Silver Sprin	80			
	d. NAME OF HOSPITAL (If not in haspital, give stook OR INSTITUTION	reet address)	d. STREET ADDRESS		MENT 1	ON A FAR	
1	Vashington Sanitarium	d Hospital	8629 Piney	Branch Ry	1.	YES NO	
3.	NAME OF First	Middle	Lost 4. DA	TE Month		Day Year	
	(Type or print) EryA	Estelle :	71sh back DE	ATH July		12 195	57
5.	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRTH			R IF UNDER 24	
	Female W WID	OWED DIVORCED	1/22/85	72 yrs.	Manths Days	Hours A	Min.
100	. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN	OF WHAT COL	JNTRY?
	Housewife		Vinginia		74.	SA	
13.	FATHER'S NAME		14. MOTHER'S MALDEN NAME				
	Williams B. Je	nKins	Catherine 1	1. Creel			
	WAS DECEASED EVER IN U. S. ARMED FORCES? I. no. or ughnown) (If yes, give wag or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	155		
	No No	C	hart-Haspital R	exard			
	18. CAUSE OF DEATH [Enter anly one cause p	er line far (a), (b), and (c).]	. 14		IN	TERVAL BETWE	EN
	PART I. DEATH WAS CAUSED BY:	Wasser CU	rebral Keny	rhage	Or	90 me	
	331X DUE TO						
	Conditions, if any, which) (b)						
	gove rise to immediate						
	lying cause lost.				DOM:		
Z	PART 11. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTO	OPSY
NT.	Post op- hip brace	luce - genera	I debility -	Junollan 37	12-57	YES NO	
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 1 206.	DESCRIBE HOW MURY OCCURRE	D. (Enter nature of injury in Part 1 o	Part II of item 18.)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			ACE OF INJURY (Home, farm, 20f.	(City or town)	(Caunty	(5	State)
MED		hile Not while work at work	ctary, street, affice bldg., etc.)				
	21. I certify that I attended the dec	eased from Murch	11, 1957 to All	ly 12, 1957	that I last	saw the dec	-ensed
	alive on July 12 1	1	accurred at 9 30PM,	from the causes ar			
	Q+ 1 ()	7.1. 1116		S (Street, city or lown, st			SIGNED
	ACTUAL SIGNATURE / OMILE / CC	oleway ma	un 1/3 Car	. 11 1%	w.	7/12	-/50
	//, 0	-10.10.1	m.v	1. 1- 11	7 4		-44
	NAME (Typo) JAMES 1C. CC	DLEMAN	Washing	12 N			
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. L	DCATION (City, town, or	county)	(State)	
	REMOVAL (Specify) Burial 7/15/57	Ft. Lincol	n Cemetery P	rince Geor	rges C	ounty,	Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	THE PARTY OF THE P	GISTEN TAB. REGIST			
10	The S. H. Trule to	F 2901-145	- MU DATE -	1301	1/1	-1 No	do
							-

FIRST CERTIFICATE OF DEATH

BUREAU V. S.

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VS A15 (4) 15M 9/SS

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		0000		CERTI	107		PLAII	•		R	eg. Dist. N	0.	2/6
1.	PLACE OF DEATH	Mantaganan		MARYL	AND	2. USUAL RES			lived. If in				ission)
_		Montgomer					Virgi				Norf		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 50 days			N Ib		tsmout		rote limits, w	rite RURA	AL and give n	earest to	wn)	
		TAL (If not in haspital, g	ive street	address)		d. STREET		911	0	1/		la IS PI	ESIDENCE
				nesda 14, Mo	d.		Comme	erce S	treet			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Lucy		Middle Etta		Fis	sk	4. DATE OF DEATH		Month		es 5	Yeor 1957
5.	Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED		Decembe		1925	9. AGE (In y last birthe		UNDER 1 YEA		
10	. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHE	PLACE (Stote	ar fareign co	ountry)	11.9	12. CITIZEN	OF WHA	T COUNTRY?
	Housewi	king life, even if refired))	None			Virgin				U	S.A	•
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N						
		Wilbur Wil	kins						Langil				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT T	e Medi	cal R	ecord	Address			
	No			ertainable	T	he Clir	nical (Center	, Beth	esda	14, M	laryl	and
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]	,						IN	TERVAL I	BETWEEN
3	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	Show	cx	The state of					O		DEATH
	410 X	DUE TO	-					,					7
	Canditions, if a	inv. which)		Chernhive		Pehri-	not ,	with	e Tus	. 60	mille.	70	loon
	gave rise to i	mmediate ()	7/10/10		There	1	13/ RC	c Lui	1770	au y	14	ays
	lying cause last.	the under-	RE	Oli wanho	Hor	. 4774	lick	m/ 7	a cu fa	lin it	yella.	to	(her
Z		, (0)	DITIONS O	ONTRIBUTING TO DEAT	TH RUT N	NOT RELATED T	O THE TERMI	NAI DISEASI	CONDITION	I GIVEN	IN TAT 1(a)	10 WAS	AUTOPSY
ATIO	603 V			Dancel		7 4.6	60			OIVEIN	114 (Qx1 1(0)	PERF	ORMED?
5	20a ACCIDENT W	AS UNDERLYING	20h DES	Tenal	CHARED	Misa		rence		,		YES L	NO
L CERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. 0130	CRIBE HOW INJURY OC	CORRED	. (Enter natury	de inforte in a	dir i or joy	II or Irem to	.)			
MEDICA	20c. TIME OF INJUI		20d. It While	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY ary, street, affic	(Home, form	20f. (City	or town)		(County	1)	(State)
ME	p. m.	19	at worl	k at wark									
	21. I certify th	nat I attended the	decease	ed from June	= 5	19.57	_, to_ J1	ly :	25, 19	57	hat I last :	saw the	deceased
Я		July 25	, 19										
	6	n n.	0/	20					reet, city or t				DATE SIGNED
	ACTUAL SIGNATURE	Jul Huse	levi	CallAPII	, M	LD.	The (Clinic	al Cen	ter	Jin	TV 21	1057
						1.0.	Natio	onal I	nstitu	tes	of Hea	Ith	494-22
	PHYSICIAN'S NAME (Type)	John A. Wal	Ldhau	sen, M.D.					4, Mar				
220	REMOVAL (Specify	ON, 226. DATE THEREO	57	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. 16CAT	lowicin to	wn, ar c	יייין אין	8	2
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS	1	-00	24a. REC'L	BY REGIST	RAR 24b	REGISTR/	AR'S SIGNATI	IRE//	
	tom!	eog xlow	2 3	Dreshing	los	NC	DATE	119	912	Less	ie St	rom	hoons
7				1					0 100	1		1	V)

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 share to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUN. I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the topic Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUN VS. A15ME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8		07	692
Rea.	Dist.	No.	216

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1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	2. USUAL RESIDENCE (MO. STATE Mary)	Where deceased lived. If in b. COL		ce before admission) ontg.
b. CITY OR TOWN (I and give nearest law) Brooki		ural c. LENG	6 yrs.		outside corporate limits, w	rite RURAL and (give nearest town)
	Maryland A		street address)	d. STREET ADDRESS	Maryland A	ve.	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Orlan First		Middle F1	oro	4. DATE OF July	r 29	Day Year 57
5. SEX male	6. COLOR OR RACE 7	MARRIED NI	DIVORCED	18/10/190		Months D	YEAR IF UNDER 24 HRS. loys Hours Min.
during most of working	ON (Give kind of work doing life, even if retired) ed Sgt.		BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State Ohio	ar foreign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME	77-3			14. MOTHER'S MAIDEN N	NAME		
15. WAS DECEASED EV	Unkn (ER IN U. S. ARMED FORCE (II yes, give war or dates at ser	ES? 16. SOCIAL S		Unknown NFORMANT OSE W. Smit	ch Same as	m.	u o
	diate cause		ry Occlu	sion			Found dead on floor of Bed roo
CATIC				NOT RELATED TO THE TERMI		GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING () 20b.	DESCRIBE HOW IN	HURY OCCURRED. (E	Enter nature of injury in Port	I ar Port II af item 18.)		
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Year		ot while fact	CE OF INJURY (Hame, form ory, street, office bldg., etc.	20f. (City or fown)	(Count	ty) (Stote)
21. I certify t	Frank J.	of the remains	described about Accident has	we, held an Autapsy , Suicide [], h M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL EX DEPUTY MEDICAL E	Homicide, Und	Inquiry etermined mo	DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	8/1/57		ME OF CEMETERY OR	Nat. Cem.	22d. LOCATION (City, 10v Alingto BY REGISTRAR 246, RI		(Slote)
Robert A.	Pumphrev	Beth	esda Mar			Parie M.	Hompron

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EVO N. Z					
ng 55 1825			31449 1204	Frank U. Bros	
GEIVER	30		ali modandu akil Markana ang adag	A Candidate ver	a multi tradoù

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Flori	b. COUNTY	ion: Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give neprest town) Bethesda 14, Maryland	8 days	c. city or town (if a Sarasota	outside corporate limits, write F 48 X	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION The Clinical Center, Bet	thesda 14, Md.	d. street Address 901 Windsor	· Drive	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) Dorothy	Middle Evelyn	Forbes	4. DATE Mor	nth Day Year
73 7	MARRIED . NEVER MARRIED .	B. DATE OF BIRTH January 25, 1	9. AGE (In years lost birthday) 47 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	Ohio		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Anton Dolezal 15. WAS DECEASED EVER IN U. S. ARMED FORCES?			Krivanek lical Record Add	
(Yes, no. ar unknown) (If yes, give war or dates of service)	None Th		enter, Bethesda	
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Caroliac	arrest		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which gove rise to immediate DUE TO	artic val	leulstomy		9 his
lying cause last.	Kleumatic	heart desea	on cartie	stensie 15 yrs
PART II. OTHER SIGNIFICANT CONDITIO	INS <u>CONTRIBUTING</u> TO DEATH BUT	T NOT RELATED TO THE TERMI	nal disease condition giv	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in f	Port I or Port II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED 20e. PL /hile Not while fo I work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City ar town)	(County) (State)
21. I certify that I attended the decalive on July 17	Mc Farlers	occurred at 8:45	PM, fram the causes of ADDRESS (Street, city or town,	18 July 1957
PHYSICIAN'S James A. McFax Page Burial (Specify) Page 22b. Date Thereof 7/20/57	22c. NAME OF CEMETERY OF Parkman C	OR CREMATORY	Maryland 20d. LOCATION (City, town, Parkman, C	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-I	ADDRESS	24a. REC'1	D BY REGISTRAR 245 REGI	STRAR'S SIGNATURE

by the funeral director, may be retained by the haspital ar attending physician.

TO FUNEY - DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 2. July be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1. the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

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1921 28 JULY AND THE STATE OF T Company of the first of the company of the company

Luckman Sen oteny

Robert A. Fumphrey-Beinesda, Maryland





Maryland DATE 7-/

. IS RESIDENCE ON A FARM?

YES NOT

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

Pumphrev

directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Montgomery Montgomery uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring 72 days Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) The Clinical Center, Bethesda 14, Md. 1621 Neeley Road NAME OF DECEASED 4. DATE Month OF DEATH July (Type or print) Lerov Franks Edward 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bighday) Doys December 7, 1920 DIVORCED | White WIDOWED T Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. Park Police District of Columbia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alpheus Franks Gertrude Bean 17 INFORMANT The Medical Record Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Clinical Center, Bethesda 14, Maryland unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ULMONARY PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ATIC CARCINOMA Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from April 22, 1957, to July 3, 1957, that I last saw the deceased 57 ... and that death occurred at 8:20 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S I. Bernard Weinstein , M. D. Bethesda 14. Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Ft. Lincoln Bladensburg Rd 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Bethesda.

VS A15 (4)

HOSPITAL

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to need been miles	1521 Res	.bw .fit shesson	The Blight London
Const. Const. Const. Const.			
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by the funeral directar, d 2 shauld be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 full be detached far use as the burial-transit permit. Then please remove carbon papers. Pages ofter prior to burial, cremation, ar remayal, and in any event within 72 hour

M

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

PLACE OF DEATH

CERTIFICATE OF DEATH

2 LISUAL RESIDENCE (Where deceased lived. If institution: Residence

o. COUNTY MC	ONTGOMERY		MARYL	AND	o. STATE MARY	LAND	b. COUNTY	PRINC	E GEO	RGE
RURAL and give n	(If outside corporate liminearest town) VER SPRING	ts, write	c. LENGTH OF STAY II	N 1b	a 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to MT. RAINIER 16.16.2.					
d. NAME OF HOSPI OR INSTITUTION	PHILOMENA R	ive street of EST H	ddress) OME		d. STREET ADDRESS 3153 QUE		PEL ROAD			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin MARY		MARGARE'	T I	Lost PREEMAN	4. DATE OF DEATH	JULY (Day	Year 1957
5. SEX FEMALE	WHITE	WIDOWED		0 3	/31/71		9. AGE (In years last birthday) 86 yrs.	Months Day		7
10a. USUAL OCCUPATE during most of wor HOMEMAKER	ION (Give kind of work or rking life, even if retired)		OWN HOME	INDUSTRY	WASHING				S.A.	COUNTRY
13. FATHER'S NAME WILLIA	M BURGES		A SEC.	1.	ELMIRA	EN NAME MILLER				
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)	ocial security no.	Mrs.	Violet H	. Wilco	c, 2921 T		t., N.	N.
	immediate (1		les	then to	t Fac			To y	DEATH
NOLLY PART II. OT			ONTRIBUTING TO DEAT					EN IN PART I(o	PERFC	AUTOPSY DRMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. jr. p. m.	RY Month, Day, Yea	20d. INJ While of work	Not while	20e. PLACE factory	OF INJURY (Home, street, office bldg.,	farm, 20f. (City	r or town)	(Coun	ly)	(Stote)
ACTUAL SIGNATURE	hat I attended the	deceased , 195	7., and that a	death ac	, 19.5.7, to curred of 3: 5.205 A Silver	ADDRESS (S	treet, city or town,	ind an the o	date state	ed abave. ATE SIGNED
220. BURIAL, CREMATIC BURIAL (Specify	ON, 226. DATE THEREO 7/9/57	F	22c. NAME OF CEMET CEDAR HILL		TERY	PRIN	TION (City, town, o	e COUNT	Y, MD.	e)
23. FUNERAL DIRECTOR	Essignature 6. Tumphi	vey,	ADDRESS SILVER SR	ING, I	MARYLAND DATE	REC'D BY REGIST	TRAR 24b. REGIS	STRAR'S SIGNA	TURE /	ther

TO HOSPITAL OR VS A15 (4) 15M 9/55

BUREAU V. E.

7961 91 701

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220. BURIAL CREMATION.

BIRTAL (Specify)

22b. DATE THEREOF

22d. LOCATION (City, town, or county)

(State)

e. IS RESIDENCE

Hours

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INTERVAL BETWEEN

WAS AUTOPSY

(Stote)

DATE SIGNED

PERFORMED? YES NO S

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(County)

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Wash. Nat'l. Mem. Park Cemeterv Prince George County, Md. 246. REGISTRAR'S SIGNATURE

240. REC'DEN REGISTRAR simplesy Silver Spring, Maryland

22c. NAME OF CEMETERY OR CREMATORY

CERTIFICATE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey-Bethesda, Md.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files. gnated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death. its desi

4 shault P VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.7640 MEDICAL EXAMINER'S CERTIFICATE OF DEAT

Н		08	65	6
	Pag	Dist	No	

		COUNTY MO	ntgomery		MARYLA		USUAL RESIDENCE (where deceo		W		fore adm	
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1		Chevy Ch	ase		7 years	16	Chevy C	Chase					ORT.
7	d		nmings La		pital, give street address)	1	3308 Cu	mmin	gs Lane				A FARMS
	0	NAME OF DECEASED	Fin Nell		Middle R.	0	ARVER	4. DATE OF DEATH	Mon	th	Doy 21		fear
	-	Type or print)						DEATH	July	Tiennine			9 57
	5. S	emale	White	WIDOWE	DIVORCED		ot. 19, 18'	75	9. AGE (in years lost birthday) 81 yrs.	Months	R TYEAR	Hours	Min.
Y	100	USUAL OCCUPATIO		done 10b. K	IND OF BUSINESS OR IN		Hagersto	e or foreign (TIZEN O		COUNTRY
/		homas Be	enton Grin	ım		14.	MOTHER'S MAIDEN Adelaide		angler	,			
0			R IN U. S. ARMED FO			Mrs.			Addres		n #2		
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	AL CERTIFICATION	200. EXTERNAL CAUPRIMARY OF OF DEATH.			HOW INJURY OCCURRED 20e		oture of injury in Pa			10	ounly)		
	MEDICAL	Hour a.m. p.m.	19	While		factory, s	reet, affice bldg., etc	c.)	y or lown,	,,	coniyj		(State)
2		ACTUAL SIGNATURE	John -	Solution of the state of the st	emoins described causes D. Accide			Homicide	Undet	, Inquermined	- Sullbarred	er 🔲	d in my
	220	NAME (Type)	ohn G. Ba		. D.	V OR CREA	DEPUTY MEDICAL		TION (City, Iawn,	Or county)	11	21/	5/
	-	REMOVAL (Specify)	7/24/1		Rose Hill	OR CREA	V11 V 11		erstown			land	
		obert A P		7557	ADDRESS Wis Ave Bo	ethes		D BY REGIST		ISTRAR'S S	IGNATU	RE 44	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07589 CERTIFICATE OF DEATH Rea. Dist. No directar, illed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Montgomery S'C b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Rockville Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 4000 Cathedral Waverley Saniterium Avenue YES NO TO NAME OF Middle 4. DATE Year DECEASED filled Henrietta H. Glaser DEATH July (Type or print) 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX ast birthdoy) Months Davs Hours Female White 1866 WIDOWED X DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Herzog Rachel Hammarschlag remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 4000 Cathedral Ave OF UNI Irvin Schloss Washington 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. Hour o. m. Not while of work at work 21. I certify that I attended the deceased fram. 2., 195 (,that I last saw the deceased and that death accurred at 12-20 A.M., from the causes and on the date stated above, alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S JOSEPH H. WATSON. MD PARK. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) lashington Hebrew Cong Washingt 0 248 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 1756 ADDRESSINS YLVania Av 240. REC'D BY REGISTRAR Washington. DATE 1SM 9/5S

CERTIFICAGE OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

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Reg.	Dist.	No	٥.		3	-	1	3

1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
montgomery Co. MARYLAND	o. STATE b. COUNTY money
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
RURAL and give nearest town) Hord, Jakoma Park 3 days	17 Jakoma Parke
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Washington San, + Hosp	605 Ethen allen and YES NO [3]
3. NAME OF First Middle	
OECEASED (Type or print) Virginia Katherine	Home 3 DEATH July 25 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female inhite WIDOWED - DIVORCED	1-27-09 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Telephone operator Commercia	e and. america
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis H. Kegale 1	Ella Harros
	INFORMANT Address
Yes, no. or unknown) If yes, give war or dates of service)	(e)
Undengana	chary
18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Imonery Oplisia his
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Conditions, if any, which) (b) Herneteurs	we hart disease Vito severy
gove rise to immediate	21
couse (a), stating the under-	Henry lessing I to " you
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E A SAME COLUMN TO THE SAME OF	PERFORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. While Not while	loctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Myly 2	2, 1957, to fully 25, 1957, that I last saw the deceased
alive on Man 25 / and that deat	th accurred at A. M., fram the causes and an the date stated above.
A 18 -	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Raymond Co West	M.D. 7600 Carrell ane (fuly 25/5)
PHYSICIAN'S D	
NAME (Type) Raymond O. West	(akuma Aark)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
cremation 7/29/57 Ft. Lincol	n Crematory Frince Georges Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE
70 8 Halle 2 8 / 2 ans 147	84325 DATE 7/20157 \ WILLIAM S.
Trax 11 Juny company of 1914	Millian Dodg
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DECEIN: ED

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BUREAU V. S.

ENTIOF HEALTH—BALLIMORE, 18	MARYILAND STATE DEPARTM
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PHYSICIAN'S J. C. PARKE, JR. LT, MC, USN 220. BURIAL CREMATION. 22b. DATE THEREOF REMOXAL (Specify) Buria

Br

22c. NAME-OF-CEMETERY OR CREMATORY

U.S. Naval Hospital, Bethesda, Md. 22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

Bethesda.

07610

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

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ON A FARM?

YES NO NO

Year

19 57

Private Cemetery Eufaula, Alabama ADERES! 245 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

M.D. U.S. Naval Hospital.

Wisconsin Ave. Bethesda, Md DATE 7-9-57 Pumphrey.

23. FLINERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

67642 CERTIFICATE OF DEATH

07615/4 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY MO	ntgomery		MARY	LAND	o. STATE	DENCE (Wh			institution OUNTY			odmissi	
	b. CITY OR TOWN (RURAL ond give no	If outside corporate limits egrest town) Spring	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	ver S			write RU	RAL and g	give n'eco	rest fown)	
	d. NAME OF HOSPITOR OR INSTITUTION 210 Sou	thempton	o street or Driv	ddress)		d. STREET A		thamp	oton	Dri	ve		ON A	DENCE FARM? NO TE
3.	NAME OF DECEASED (Type or print)	Edith		Clokey		Green		4. DATE OF DEATH	J	Month		Day		9 5 7
	sex Female	6. COLOR OR RACE White	7. MARRIE		-	DATE OF BIRTI	895		9. AGE (Ir	hdoy) yrs.		1 YEAR Days	Hours	R 24 HRS. Min.
100	during most of work Housewi	ON (Give kind of work diking life, even if retired)	one 10b. K	IND OF BUSINESS C	R INDUST		ACE (Stote	_	country)			ZEN O		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
	Samuel	Clokey			6.31	E1	la H	unt e	r					
		R IN U. S. ARMED FORCE (III yes, give war or dates of ser		OCIAL SECURITY NO		ormant tty G.	Gre	en-	3304 Adelp	Cột hi	lier Mar			
	PART 1. DEA 332X Canditions, if o gave rise to i couse (o), stoting	mmediote (DUE TO	1	lalification (c).	17.	trou- ty/	ecte 9 V	us	o'an			INTE	RVAL BET	WEEN DEATH
CATION	PART II. OTI) (c). HER SIGNIFICANT COND				7			SE CONDITI	ON GIVE	N IN PART	1(0) 19	PERFOR	MED?
CERTIFI	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] :	Ob. DESCR	RIBE HOW INJURY O	CCURRED.	(Enter nature of	f injury in F	Part I or Pa	rt II of item	18.)				
MEDICAL	20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	While	Not while of wark		E OF INJURY (I			y or tawn)		(C	County)		(State)
	21. I certify the alive on	Hugo Eins	, 1957	and that	death o	. 1945 ccurred at.	4 Bi	M, France (S	m the ca Street, city	uses an	d on th	ne dat		
22/					TYPN OR									
	P. BURIAL, CREMATIC REMOVAL (Specify) burial	8/1/19		Fort Li		n Ceme		Pr	tion (city.	Geo	rges			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	07554	CERTIFICA	AIL OF PLATE	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE D. C.	ed. If institution: Residence befare admission) b. COUNTY
Takoma P	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16 2 weeks	c. CITY OR TOWN (If outside corporate Washington	limits, write RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street aven Rest Hom	oddress)	d. STREET ADDRESS 3909 Benton St	. N. W. e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	First Mattie	P. Gregory	Lost 4. DATE OF DEATH	Month Day Year July 17. 19 57
s. sex Female	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 9. A	AGE (In years of IFUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
100. USUAL OCCUPATION		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country Walkersville M	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Jacob Perry		Martha G	esey
1S. WAS DECEASED EVE Yes. no. or unknown}	R IN U. S. ARMED FORCES? 16.		NFORMANT Grace Smith (neice	Address
Conditions, if a gave rise to i carse (o), stating lying couse lost.	mmediate the under-	Secured Cisto CONTRIBUTING TO DEATH BUT	Museulacing Man Lun - Schools The Terminal Disease Co	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OT. 450, 0 200, ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	PERFORMED? YES NO P
20c. TIME OF INJUI Hour a. m. p. m.		Nat while fa	ACE OF INJURY (Home, farm, 20f. (City or clory, street, affice bldg., etc.)	town) (County) (State)
21. I certify the alive an actual signature Physician's NAME (Type)	Les Stuart Lyd	7 and that death	accurred at Li YIGN, from the	ne causes and an the date stated abave, city or town, state) DATE SIGNED
220. BURIAL, CREMATIC BEMOVAL (Specify	July 19,1	22c. NAME OF CEMETERY O		(City, town, or county) (State) ederick, Md.
23. FUNERAL DIRECTOR Deal Fur	rs signature neral Home 48	ADDRESS 12 Ga. Ave	Now pare 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

CENTRICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07615 Rea. Dist. No. a 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO-Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? Address > INTERVAL BETWEEN ONSET AND DEATH days days PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO (County) (State) 19.52 , that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town or county) (State) 24b. REGISTRAR'S SIGNATURE

Jaduan Frank mont de mer e male white 105 Se 1957

VS A15 (4) 15M 9/S5

CERTIFICATE OF DEATH 07500

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0.000	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Mory land b. COUNTY Mante om pry
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) ROCKUILLE 245.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 602 De an Dr. e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Abigail Elizabeth	Grignon 4. DATE Month Day Year OF DEATH July 13 1957
5. SEX 6. COLONOR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 6/16/80 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Griffin	14. MOTHER'S MAIDEN NAME BRIDGET HARTY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown) [If yes, give wor or dates of service]	Son-Henry Grignon - Rockville, Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORED TO VASC	ular Accident Interval Between ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) Arteriosclerof DUE TO (c)	tic Cardiovascular Disease 154r.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 33/ 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CITY OF CONTRIBUTING CAUSE OF DEATH CITY OF CONTRIBUTING CAUSE OF DEATH CITY OF CONTRIBUTING CAUSE OF DEATH ALONE ALONE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4
	ED. (Enter nature af injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Hour a. m. p. m. 19 20d. INJURY OCCURRED to Hour a. m. yhile Not while at work at work at work at work at work at work.	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from May alive an Suly 12, 1957, and that death	h accurred at 12 24 M, from the causes and an the date stated above.
ACTUAL STEPHEN C. Cromwell	M.D. Rochville, M.D. 7/13/5
PHYSICIAN'S Stephen C. Cromwell,	M.D. Rockville, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CO	OR CREMATORY 22d, LOCATION (City, town, or county) (State) Bellows FALLs VT
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. Talkevell 3619-14th &	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 215

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	LACE OF DEATH	gomery		MARY	LAND	2. USUAL RESIDENCE (WI g. STATE Florida	here decease	ed lived. If institution b. COUNTY	on: Resider	nce before o	odmission)
1	b. CITY OR TOWN (RURAL and give no	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corp	prote limits, write R	URAL ond	give neares	1 lown)
E	Bethesda (2 days		St. Peters	burg	4	8 x.	- 3	
	d. NAME OF HOSPI	TAL (If not in hospital, (give street	address)		d. STREET ADDRESS					S RESIDENCE
J		Hospital,	Beth	esda, Md.		3644 Burli		Ave., No	orth		ON A FARM? ES NO XX
1	NAME OF DECEASED (Type or print)	Fi		Middle		CDOCCIIANC	4. DATE OF DEATH	Mon		Day	Year
5. 9		Pau		Girard		GROSSHANS	DEATH	o all		11	19 57 UNDER 24 HRS.
	Male	White	WIDOW	RIED NEVER MARRIE		8. DATE OF BIRTH 12 Feb. 1933	3	9. AGE [In years lost birthday) 24 yrs.	Months		ours Min.
10a	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CI	TIZEN OF Y	VHAT COUNTRY?
1 1	variner	king life, even if retired		S.Marine Co	orps	New York			1	U.S.	
-	FATHER'S NAME		100	0112000		14. MOTHER'S MAIDEN N	VAME				
I	Paul Gross	hans				Ethyl BRASHE	EARS				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. 1	NFORMANT		Adde	·011		
	-	rently	-	hknown	(W	ife) Mrs. Dor	othy	L. GROSSH	IANS	(Same	As #2)
CERTIFICATION	20a. ACCIDENT W	the under DUE TO	o))) IDITIONS (NOT RELATED TO THE TERMI			EN IN PAR		NAS AUTOPSY PERFORMED?
1 - 1	(IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)	or 20d. I	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, farm	n, 20f. (Cit	y or town)	(County)	(State)
MED	Hour a.m. p.m.	19	While of wor	k at work	fai	ctory, street, affice bldg., etc)				
	21. I certify th	at I attended the		ed fram 9 Jul;				19_57			
	alive an 11	July	, 19	LL, and that	death	occurred at 4:10I		m the causes a		he date	stated above.
	ACTUAL SIGNATURE	well I	. 1	hope	2	M.D. U.S. Naval	The same of		-	a, Md	
	PHYSICIAN'S GENAME (Type) GE	rald I. Sh	ugoll	L, LT,MC,US	N	U.S. Naval	L Hosp	ital, Bet	hesda	a, Md	•
L	BURIAL CREMATIC REMOVAL (Specify) BURIES LEMONOR	7-16-57	n h	22c. NAME OF CEME		'1 Cemetery	Arli	TION (City, tawn, on the Trans Lab Application)	irgin	GNATURE	(Stote)
R	A Pumphre	y, 7557 WX	scons	Ave., B	ethe	sda, Md DATE	7-12-5	1//20	ry	6.0	anec

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DIRECTOR OF THE	C. OV DECEMBER	20 to H AROL	bergin, Ma.	Boundard B. Deal	inval
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pendil in flem, 18. Give Pages 1, 2, and 3 to the Rizaral director. Page 4 show the farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refer your files.

TO FUN.

I DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the Rizara 6 Health, or its Sesignated agent, prior to buriot, are remarkal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

c. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 BETHISSDA. L. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		GOMERY
NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	
5212 Baltimore Avenue	d. STREET ADDRESS 5212 Baltimore Amenue	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED Type or print) IRENE MacDONALD	HANCOCK OF DEATH July	Day Year 20 1957
FEMALE WHITE WIDOWED DIVORCED	4-8-1899 \$ 58 yrs. Meaths !	YEAR IF UNDER 24 HRS
furing most of working life, even if refired)		EN OF WHAT COUNTRY
FATHER'S NAME Donald MacDonald	14. MOTHER'S MAIDEN NAME Unk Penn	
no, or unknown) 1 Iff yes, give war or dates of service)	7001000	ltimore, A
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 550. / DUE TO Conditions. if ony, which gave rise to immediate cause (a), stating the underlying DUE TO		4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cau	nty) (State)
	ove, held an Autapsy [P]. Inspection [], Inquiry	
	TRENE MacDONALD FEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work done using most of working life, even if retired) Retired US Government US Government PATHER'S NAME DONALD MACDONALD WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If yes, give wor or dofes of territed) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Gangrenous Appending the underlying (c), stating the underlying DUE TO Cause lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY DIG CONTRIBUTING DOCURRED. (PL) 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PL 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PL	IRENE MacDONALD HANCOCK DEATH JULY

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Reg. Dist. No. 2/6

Montgomery	MARTIAND	Mary	and .		Montgom	erv.	
b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpora				n)
RURAL and give nearest tawn) Bethesda	6mdays	Wheaton					
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS				e. IS RES	SIDENCE
OR INSTITUTION Suburban		2621 Wet	- Di				NO NO
			sman Ro			1	
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Man	th	Day	Year
(Type or print) Andrew Christian			DEATH	July			19 57
5. SEX 6. COLOR OR RACE 7. MAR	RIED 🔣 NEVER MARRIED 🔲	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Day		Min.
Male White WIDOW	ED DIVORCED	1918-Oct. 2	26	38 yrs.	Months Day	Hoors	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cau	ntry)	12. CITIZEN	OF WHAT	COUNTRY
during most of working life, even if retired) Carpenter	Bldg. Tndus.	Tllinois	Carl		II S	A	
13. FATHER'S NAME	prof. monz.	14. MOTHER'S MAIDEN			1	-#-	
0 01 W		377.71		3			
George Clarence Hanse		Wilhemir	a Hatze				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Addi	ess		
Yes 1942-45 3	51-03-7589	Mrs. Geraldi	ne Hans	en (Wif	e)		
18. CAUSE OF DEATH [Enter only one cause per I	ine for (a), (b), and (c).				11/	TERVAL BI	ETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ntracereberal	Hamorrhago			0	NSET AND	DEATH
330 × DUE TO	nor accreberar	memor ruage					
JJU /							
	duptured Congen		of Rt.	Middle			
cause (o), stating the under-	erebral Artery						
lying couse lost. (c)							
PART 11. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY DRMED?
31							NO
20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part I	of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fare	n, 20f. (City o	(lawn)	(Count	- VI	(Stote)
Haur a. m. While	Not while fo	clory, street, office bldg., et		, , , , , , , , , , , , , , , , , , , ,	(C00111	71	(0.0.0)
p. m. 19 at wo	rk of work		\Rightarrow				
21. I certify that I attended the decea	sed from Tules 1	Z, 1957, 10	rufe 1	7.127	that I last	saw the	deceased
alive an Duly 17 190	27 and that death	accurred a 7.95					
14 CM		Total de de la		et, city or town.			ATE SIGNE
ACTUAL OF	Dond	MD John T.				7 77	, 195
SIGNATURE	2 orac	M.D. John T.	DOL G				, -,,
NAME (Type) JOHN T. LORD					and per use with the use the SP and and		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			N (City, tawn, o		(Stat	te)
Burial July 22,1957	Arlington Na	ational Cem.	Fort	Myer, Va	1.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	
Mariel E. Finishray	Silver Spring		-2.8-5	N ()	- 20	1 W.	
7		DAIE /	200	1 olls	see //	114	mar
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 st. d be detached far use as the burial-transit permit. Then please remove carbon papers. Pages VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07622 Reg. Dist. No.

1	67	649	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	215 .
1	place of Death c. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Florida	re deceased lived. If instituti b, COUNTY		e admission)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Bethesda (Rural)	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write f	URAL and give near	rest town)
	d. NAME OF HOSPITAL (If not in haspi OR INSTITUTION U.S. Naval Hospital			d. STREET ADDRESS 18005 N	.W. 8th Place		ON A FARM? YES NO 12.
). NAME OF DECEASED (Type or print) RC	e de la composition della comp	Middle Bernard	HOLDEN	4. DATE Mor OF DEATH Jul		Yeor 19 57
	Male White	WIDOW		8. DATE OF BIRTH 18 Jan. 1921	9, AGE (In years last birthdoy) 36 yrs.	Months Days	Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of v during most of working life, even if re Dentist	etired)	s. Navy (Reti	red) New Yo	rk	12. CITIZEN OF	F WHAT COUNTRY?
	Felix F. HOLDEN			Grace Ward	AME		
-	S. WAS DECEASED EVER IN U. S. ARMED (Yes. no. or unknown) yes 2-14-58 to 4-1-	(as of service)		informant Wife)Margarita	HOLDEN (Same		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	BY: USE (0) W USE TO (b) W USE TO (c) (c)	heumatic	e stensois Leart Dice	acl	onsi 3	rval BETWEEN ET AND DEATH YLARA May male
	200. ACCIDENT WAS UNDERLYING IOR CONTRIBUTING III CAUSE OF DE	tatic 206. DES	embryonal 1	Testicular Ca EB. (Enter nature of injury in Po	rcinoma	VEN IN PART I(o)	PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	NJURY OCCURRED 20e. P Not while for work	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	21. I certify that I attended alive an 13 July ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. J. MC CA	, c (Oc		h occurred at 11:23	DDRESS (Street, city or town,	and an the dat stote) thesda, M	e stated abave. DATE SIGNED id. 7-15-5
	20. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) BUX TA 1 7-17-52	IEREOF		t'l Cemetery	22d. LOCATION (City, town, Arlington, V	irginia	(State)
-	R.A. Pumphrey, 7357	Wiscon	ADDRESS ve., Beth	240. REC'D lesda, Md DATE 7-	46	STRAR'S SIGNATUR	Parrell

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
17650	CERTIFICATE OF DEATH	Re

Reg. Dist. No. 215 23

i. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Virginia b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Bethesda (Rural) 58 days	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Alexandria
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U.S. Naval Hospital	d. STREET ADDRESS 37 South French Street on A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Charles Franklin	n HUDSON 4. DATE Month Day Year DEATH July 3 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH July 3, 1887 9. AGE (In years less birthday) 70 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner 13. FATHER'S NAME	TRY 11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY U.S.
Alfred Brown HUDSON	Rose WEBER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
Yes WWI & WWII Unknown (Se	on) Charles F. HUDSON, Jr. (Same as #2)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY Sc]	lerosis Interval Between Onser and Death indefinite
gave rise to immediate couse (a), slating the <u>under-</u>	rosclerosis, Severe indefinite
, , ,	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (Stote) ctary, street, affice bldg., etc.)
	157, to July 3, 1957, that I last saw the deceased accurred at 10:55PM, from the causes and an the date stated above
ACTUAL SIGNATURE Country	ADDRESS (Street, city or town, stote) DATE SIGNET M.D. U.S. Naval Hospital, Bethesda, Md. 7-4-57
PHYSICIAN'S R.J. MC CARTHY, CDR, MC, USN	U.S. Naval Hospital, Bethesda, Md.
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Burial 7-9-57 Arlington Nat	ional Cemeterly Arlington Virginia
R.A. Pumphrey, 7757 Wisc. Ave., Bethesda	mary or tank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Construction Agency and Association of

b. COUNTY b. COUNTY c. CITY OR TOWN If outside corporate limits, write RURAL and give seperate limits, wri		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1. PLACE OF DEATH 0. COUNTY 1. OR TOWN III outlide capporate limits, finite 1. ENDTH OF STAY IN 15 0. COUNTY 1. OR TOWN III outlide capporate limits, finite 1. ENDTH OF STAY IN 15 0. COUNTY 1. OR TOWN III outlide capporate limits, finite 1. ENDTH OF STAY IN 15 0. COUNTY 1. OR TOWN III outlide capporate limits, finite 1. ENDTH OF STAY IN 15 0. COUNTY 1. OR TOWN III outlide capporate limits, finite 1. ENDTH OF STAY IN 15 0. COUNTY 1. OR TOWN III outlide capporate limits, write RUPA' and give indepent lower) 0. LITLY OR TOWN III outlide capporate limits, write RUPA' and give indepent lower) 0. LITLY OR TOWN III outlide capporate limits, write RUPA' and give indepent lower) 0. LITLY OR TOWN III outlide capporate limits, write RUPA' and give indepent lower) 0. LITLY OR TOWN III outlide capporate limits, write RUPA' and give indepent lower) 0. LITLY OR TOWN III outlide capporate limits, write RUPA' and give indepent lowers 0. LITLY OR TOWN III outlides 0. LITLY OR TOWN III outl		C7652 CERTIFICATE OF DEATH
B. CITY OR TOWN III audides exporate limit, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN III outside corporate limit, write RUBAL and give inspread town) C. CITY OR TOWN III outside corporate limit, write RUBAL and give inspread town))	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY
d. NAME OF ROSPITAL (If not inhospital, gives ipee address) OS. INSTITUTION Grove (17 not) SD2 RGG Not A FR ON A FR		b. CITY OR TOWN III outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN III outside corporate limits, write RURAL and give parcest lown)
DECASED First Middle Lost A. DATE Mannih Day Yee DECASED Type or print) First Middle Lost A. DATE DECASED Type or print) Type or print) First Middle Lost A. DATE Mannih Day Yee DECASED Type or print) Type or ty		Uneq Imo 19 Dags CHILUM
DECASED IT PO OF PINIT S. SEX COLON OR PACE T. MARRIED S. DATO OF BIRTH S. DAT)	OR INSTITUTION ON A FARMY
S. SEX 6. COLOR ORANCE 7. MARRIED 1. DATE OF BIRTH 9. ACE (In year) 1. MODER I VERNIE UNDER I VERNIE		DECEASED TYPE OF COUNTY TO THE
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFOR		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 ARS.) In years of Under 1 YEAR IF UNDER 24 ARS.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Tex. ao. or inhibated] 18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE [o) DUE TO Conditions, if any, which gave rise to immediate cours (o), stoling the under line of the course (o), stoling the under line of the under line of the course (o), stoling the under line of the under l	1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11c. Hi aan 11c. Hi aan 11c. Hi aan
If ye, give wor or date of service	\	171 C M
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) CEREBRAL THROMBOSIS - STAND DE TO DUE TO Conditions, if any, which gave rise to immediate course (o), stoling the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPERORM YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSE OR CONTRIBUTION OR COUNTY OR COUN	0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) Reggs Rd Mrs Miford O Tarus Chilliam Was
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. TIME OF INJURY Medical Examiners 20b. DESCRIBE HOW INJURY OCCURRED While 20c. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (Caunty) 20c. TIME OF INJURY Medical Examiners 20f. (City or town) (Caunty) 20f. Town 20f. (City or town) 2		PART I. DEATH WAS CAUSED BY: 332 × DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: DUE TO SEALULITY ONSET AND DEATH BARS ONSET AND
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased from 172 4 12, 1957, ta TULY 1, 1957, that I last saw the decay alive on 1957, that I last saw the decay alive on 1957, and that death occurred at 1122 BM, from the causes and an the date stated ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 02 12 12 12 12 12 12 12 12 12 12 12 12 12		206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.)
alive on		20c. TIME OF INJURY Menth, Day, Year Hour a. jn. p. m. 19 While Not while of work 19 at work 19 (State)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ACCATION (City, town, or coupty) (Stole) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1	alive on JULY , and that death occurred at 1120 FM, fram the causes and an the date stated abave. ADDRESS (Street, city or tawn, style) DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		NAME (Type) YUT, JOHN O, 3109101
11 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SEMOVAL Specify 7-5-57 Popular Church Fairful Co.
The state of the s		1 transfer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

CERTIFICATE OF DEATH

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BUREAU V. E.

102 P 1057

SECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	07653	CERTIFIC	CATE OF DEATH	1	Reg. Dist. No. 714
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLANI	II O STATE -	ere deceased lived. If instituti b. COUNTY	ion: Residence before admission)
RURAL ond give in Silver	Spring			ington 4	RURAL ond give nearest town) 7 X - 3
d. NAME OF HOSP OR INSTITUTION 14326 CO.	ITAL (If not in hospitol, give strelles ville Rd.	Nursing Home Mrs. Green	d. STREET ADDRESS 1434 Geran	ium St. N.W	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Katheri:	Middle V.	Johnston	4. DATE Mor OF July	
female	and the second	RRIED NEVER MARRIED DIVORCED	1/8/1867	9. AGE (In years lost birthday) 90 yrs.	Months Days Hours Min.
At home	ION (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR IN	Washingt	on,D.C.	12. CITIZEN OF WHAT COUNTRY
Samuel 1	M. Dalzell		Louise V	. Wilson	
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		. INFORMANT .lvin Wilson		dress 4 Geranium St.N
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).	Thrombuse	12	INTERVAL BETWEEN ONSET AND DEATH OF CLASSICS
332X Conditions, if		Erebrol (arteriock	eres	16 Tyean
gove rise to couse (o), stoting lying couse lost	the under-	Sentrolized	arthrise	lorasis	20 + 460m
PART II. OT 4-50 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Port II of item 1B.)	
20c. TIME OF INJU Hour o. ji. p. m.	Whi		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)		(County) (State)
	hat I attended the dece	100	72		2,that I last saw the deceased
ACTUAL SIGNATURE	Ettiphen 7	Yulburt		M, from the causes of ADDRESS (Street, city or town, to place, No.	and an the date stated abave DATE SIGNED
PHYSICIAN'S NAME (Type)	P. Stephen	Hulburt,	MD Wash	ng dru 7, 0.	C.
220. BURIAL, GREMATH -REMOVAL-(Specify	7/16/1957	Congressio		22d. LOCATION (City, town, washingt	
The S.H.I		ADDRESS Wash 901 luth St.	,		STRAR'S SIGNATURE

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BUREAU V. S.

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VS A15 (4) 15M 9/55

PLACE OF DEATH	67654	APPLICATION OF THE PERSON.	KIIIICA	ATE OF DEATI			Reg. Dist. N	to. 2	16
a. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (W	here deceased li h Carol:			efare admiss	-
b. CITY OR TOWN (IF RURAL and give new Bethesda	outside corporate limits, arest tawn)	write c. LENGTH O		c. CITY OR TOWN (IF		e limits, write RL	JRAL and give i	nearest town	n)
d. NAME OF HOSPITA	AL (If not in hospital, give	street address)		d. STREET ADDRESS	D. #2				SIDENCE FARM?
NAME OF DECEASED (Type or print)	First Rola		Middle	Johnston	4. DATE OF DEATH	Mont Jul			Yeor 1957
. sex Male	6. COLOR OR RACE 7.		MARRIED	ebruary 3, 1	904 9.	AGE (In years last birthday) 53 yrs.	Months Day		ER 24 HI
o. USUAL OCCUPATIO during most of worki Farmer	N (Give kind of work doring life, even if retired)	Farming		TRY 11. BIRTHPLACE (Stote North	caroli	* *	12. CITIZEN	OF WHAT	COUN
Will J. J	ohnston			14. MOTHER'S MAIDEN Annie	Melvil:	le			
	IN U. S. ARMED FORCE If yes, give wor or dates of servi-			rormant The Me				arylar	nd
Canditions, if an gave rise to in couse (a), stating t lying cause last.	mediate (M Etas Lobul	dr pr	eum ori a	mela	erya.		54	rs.
20g. ACCIDENT WA				NOT RELATED TO THE TERM O. (Enter nature of injury in			EN IN PART 1(o	PERFC	AUTOPS DRMED? NO [
20c. TIME OF INJURY		20d. INJURY OCCURR While Nat while at work at wark		ACE OF INJURY (Home, farr lary, street, affice bldg., etc	m, 20f. (City as	town)	(Coun	ty)	(Sto
actual SIGNATURE	Sward Co		ne	occurred at 5:50 The Cli Nationa	AM, from ADDRESS (Street nical C 1 Insti a 1), M	the causes a st, city or tawn, s enter tutes of aryland	nd on the o	date state	ed ab
2a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME C	F CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, tawn, o	r county)	(Stot	(e)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	and formal desolt		
	efficial simil		Mall J. Johnston
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ng at agail a thua an de			
			10 to
10 SE 1057	Service 1 Treations		Bivard N. Hoore
ECENTED	James Jewinson	Pine Crest	
ASTITUTED TO	le bneig	ethesde, man	Robert A. Pumphrey

(County)

(Stote)

PERFORMED? NO V

... 193 / that I last saw the deceased alive on_ and Mat Beath accurred at 1:36 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stotal DATE SIGNED

ACTUAL PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

VMONO

22c. NAME OF CEMETERY OR CREMATORY

Prince

(Stote) George County.

07628

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

Day

YES T NO DO

Year

195

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

Washington Nat'l

24a, REC'D BY REGISTRAR

Cemeter

DATE

24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	0765	56	CERTIFI	CAT	E OF DEAT	Н		Reg. D	ist. No	215	
D. PLACE OF DEATH	tgomery		MARYLAN		USUAL RESIDENCE (Vo. STATE Virgi		d lived. If instituti b. COUNTY		nce befo	re odmiss	ion)
b. CITY OR TOWN (IF RURAL and give no Bethesda (Ri	outside corporate limi arest town) LAI)	ts, write	54 days	lb	e. CITY OR TOWN (IF	y Islan		URAL and	give ne	arest fowr	1) /
OR INSTITUTION	AL (If not in hospital, of Hospital, 1		ddress) da, Marylan	đ	d. STREET ADDRESS #6 Mai	rvel Ma	anor				FARM?
3. NAME OF DECEASED (Type or print)	Mary	rsf	Middle Kathryn		Lost KAHLER	4. DATE OF DEATH	Mor Ji	ıly	5	,	Yeor 19 57
5. 5EX Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED [ATE OF BIRTH 12 April 1	.916	9. AGE (In years lost birthday)	Months Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of work None (Houses	ing life, even if retired	done 10b. k	None	NDU5TRY	Nebrask		ountry)	12. CI		S.	COUNTRY?
13. FATHER'S NAME James S. Kir	msev				MOTHER'S MAIDEN						
15. WAS DECEASED EVER		ervice} .		7. INFO	RMANT		Add	e As	#2)		
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the under-		Reletak Carcino ONTRIBUTING TO DEATH	EUT NO	relastice to the term	Bull Bull MINAL DISEAS	e condition GIV	VEN IN PA	RT 1(o)	PERFO	Moni
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	5 UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	ar 20d. IN	RIBE HOW INJURY OCCU	. PLACE	OF INJURY (Hame, fo, street, office bldg., e	rm, 20f. (City			(County)		(Stote)
21. I certify the alive on	hoge	119 h	od from 12 May ond that de consession, CAPT, MC, US	Z_M.D	, 19 <u>57</u> , 10 curred ot <u>12:1</u> > U.S. Nava	OPM, from	n the causes of treet, city or town, ital, Bet	and on stote) thesd	the do	ite state	ed abave ATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Bunial	7-17-57	OF .	22c. NAME OF CEMETER Private Ce		ry	Ste		aska		(5101	(e)
R. A. Pumph		Niscon	ADDRESS Isin Ave, Bet	hesd		7-5-57	TRAR 245 REGI	STRAR'S S	IGNATU	(AL	rell.

may be retained by the haspital or attending physician.

TO FUNES—DIRECTOR: After this certificate has been signed by the attending physician and completely filled to y the funeral director, page 3 Id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 V5 A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. 10 TO 1025

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in my the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in my the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in my the registrar prior to burial, crematian, are remayal, and in any event within 72 hours after death.

	075	67	CERTI	FIC/	ATE OF	DEA	TH			Reg. D	ist. No		TX
1. PLACE OF DEATH o. COUNTY Montpo	oma mr		MARY	LAND	o. STATE	SIDENCE	(Where deced		If institution	on: Reside	nce befo	re admiss	ion)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b			(If outside co	rporote limi	ts, write R	URAL and	give ne	arest town)
RURAL and give no Takoma I			2 vrs.4m	os.	Wash	ingto	on	1	LYX	3			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,		7300		d. STREET	ADDRESS		9 91					FARM?
3. NAME OF	laven Rest	TOME	Balto. Av	.6			onsin A		N.W.				NO 📆
DECEASED (Type or print)	Mary E.	Jam	ris Keely			fzo	4. DATE	тн (Mon	15,	Do		Year 1957
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	0 🗆	B. DATE OF BI	HTS		9. AGE	(In years orthday)	IF UNDE Months		-	R 24 HRS.
r'emale	White	WIDOW	DIVORCE		Sept.	10,	1867	89		Monins	Days	Hours	Min.
10o. USUAL OCCUPATION during most of work	ting life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	7.5		ole or foreign 71vania			12. CI	USA	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHE								
Ja	mes					-	- Fra	nks					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT			ر ہے	Add	(441	0 1	0.	100
(Yes, no. or unknown)	(It yes, give war or dates of	service)		W	illiam	B.	Keel	v- 5	15	-	2nd		eet
10 CAUSE OF DEA	74 [Catas calu ass o	and the	ne for (a), (b), and (c).					AI	TIM	rton		ERVAL BE	
	TH WAS CAUSED BY:										ON	SET AND	DEATH
1.01V	IMMEDIATE CAUSE () B1	conchopneum	onis	3						- 3	L5 de	ys
47/1	DUE TO												
Conditions, if o)											
gove rise to in couse (a), stating lying couse last.		:)											
Z PART 11. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED	TO THE TE	RMINAL DISE	ASE COND	ITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
\$ 450.0	Ger	eral	arterioscl	eros	sis								RMED?
PART 11. OTH	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture	of injury	in Port I or I	Port 11 of ite	em 18.)	118	- 5		
	Y Month, Doy, Ye	or 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJUR	(Home, f	form. 20f. (C	City or town	1		(County)	-	(Stote)
Hour o. m.	19	While	Not while	fo	ctory, street, of	ice bldg.,	etc.)		•		(000)		(5.5.5)
	***	at worl		-	4		7 7 7	-	-				
21. I certify th			ed from Dec.										
alive on_1h1]	ly 14,	, 12_5	27_{-} , and that	death	accurred o	6:1					the da	te state	ed abave
	0 8	111	/					(Street, cit				D	ATE SIGNED
SIGNATURE	when	FF	nydie				9th St			•			
PHYSICIAN'S NAME (Type)	Luther H.	Snyde	er J		Wa	shing	ton 6,	D.C.					
220. BURIAL, CREMATIO		OF	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LO	CATION (C	ty, town,	or county)		(Stot	e)
REMOVAL (Specify)	7/18/1	957	Cedar H	177	Cemet	erv		ince					
23. FUNERAL DIRECTOR	S SIGNATURE				.D.C.	-	EC'D BY TEG			STRAR'S'S			110
The S.H.I		-290		t.	N W	DATE	1,1	1201	(/	N	1	,	010
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MARYLAND STATE DEPARTMENT OF HEALTH SHADE, 19

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AND MORE BY

BUREAU V. S.

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DECENTED

CERTIFICATE OF DEATH

	1001	CERTIFICA	AIL OI BLAII		Reg. Dist. No. 216
1. PLACE OF DEATH a COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WE ASTATE Maryland	nere deceased lived. If institution b. COUNTY	Residence before admission) Montgomery
b. CITY OR TOWN (RURAL and give n Bethesda	If outside corporate limits, wr earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st		d. STREET ADDRESS 704 Dryden	1	e. IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF DECEASED (Type or print)	First Ernest	Middle	Kendall	4. DATE Month OF DEATH July	Day Year
Male	7.77 4.1	MARRIED NEVER MARRIED K	B. DATE OF BIRTH August 5, 19	lost birthday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Oa. USUAL OCCUPATION during most of wor None	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDUS		or foreign country) of Columbia	U. S. A.
3. FATHER'S NAME Fredric L	Wd-77		14. MOTHER'S MAIDEN N		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)			reen lical Record Address Center, Bethesda	
	DUE TO	Acute Lymphatic	Leukemia		INTERVAL BETWEEN ONSET AND DEATH Months
CATIC		NS <u>CONTRIBUTING TO DEATH</u> BUT			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 20	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED (hile Not while work at wor	D. (Enter nature of injury in lands) ACE OF INJURY (Home, farm totory, street, office bldg., etc.)	. 20f. (City or town)	(County) (State
	July 6 July 6 KURT KOHN, M.	257, and that death	occurred of 4:30 M.D. The Clir National	July 6 , 19 57, PM, from the couses on ADDRESS (Street, city or town, sto ical Center Institutes of the Maryland	7/7/5
220. BURIAL, CREMATIC REMOVAL (Specify BUTIA)	July 8, 195		etery	22d. LOCATION (City, town, or Montgomery C	ounty Maryland
23. FUNERAL DIRECTOR	S SIGNATURE ON JUMPING	ADDRESS Silver Spri	na Ma	D BY REGISTRAR 246. REGISTE 10-57 BLA	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNETY—DIRECTOR: After this certificate has been signed by the attending physician and completely filled any the funeral director, page 3 id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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BUREAU V. S.

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. Z.

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DECENTED

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CERTIFICATE OF DEATH OTCEN

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	(10	33	921(111	1011	ie of beati	•		Reg. Dist	1. No. of	16
a. COUNTY	Montgomer	y	MARYL		2. USUAL RESIDENCE (WAS		lived. If instituti b. COUNTY	on: Residence Montgo	e before odm	ission)
b. CITY OR TOWN (III RURAL and give ne Bethesda	f outside corporate limit ovest town! Marylar	, write o	LENGTH OF STAY II	N 16	c. CITY OR TOWN (If or		ote limits, write R	URAL and gi	ive nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION. The Clini	At (If not in hospital, gi	Beth	dress) nesda 14, N	1d.	d. STREET ADDRESS 1615 E	radley	Avenue		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	firs Ned		Middle Edwar	rd	King	4. DATE OF DEATH	Jul;		22,	Yeor 1957
S. SEX Male	6. COLOR OR RACE White	7. MARRIE			DATE OF BIRTH 23,	1916	AGE (In years last buthday) yrs.		YEAR IF UN Days Hour	
Oo. USUAL OCCUPATION during most of work Sign Pair	ON (Give kind of work ding life, even if retired)		ND OF BUSINESS OR dvertising		Pennsylv		untry)		S.A.	AT COUNTRY
3. FATHER'S NAME John King					14. MOTHER'S MAIDEN N Jennie S	eebolo				
(Yes, no. or unknown)	R IN U. S. ARMED FORCE	vice)	cial security No.		Clinical Ce				Maryla	nd
Canditions, if an gave rise to in cause (a), stating lying cause tast.	the under- DUE TO (c)	of of	creased Lister Casto	MA.	Mulliff Mulliff OT RELATED TO THE TERMIN	fre nul	CONDITION GIV	/EN IN PART	10+	Says Says
PART II. OTH	CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OC	CURRED.	(Enter nature of injury in P	ort I ar Part	II of item 18.)			ORMED?
	MEDICAL EXAMINER) Y Month, Day, Yea 19	While	URY OCCURRED Not while of work		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.		or tawn)	(C	ounty)	(State)
21. I certify the alive on J111 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		deceased , 19 57			D. The Cl	PM, from ADDRESS (Str. inical Ins		ond on the	e date sta	
no. Burial, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMET			22d. LOCATI	ON (City, tawn, or lingto	or county)	rgin:	ote) La
Robert A.	s signature Pumphrey	В	ethesda,	Mar	yland DATE 7	24-57	AR 24b. REGI	STRAR'S SIG	Lhom	paon

by the funeral director, I 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07660

CERTIFICATE OF DEATH

07635 Reg. Dist. No. 0 1/0

		a v v
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MANY LAW) b. COUNTY MOI	e before admission) VIGNERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 DAYS 3 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION S'VBURBAN	d. STREET ADDRESS KENSINGTON	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) 3. NAME OF First Middle FIRM FIRM PARK 2.	N KROUSE 4. DATE Month OF DEATH JULY	24 1957
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Oct 2-1881 lost birthdoy) Months 1	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) STOKE OWNE	K VIRGINIA	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORGE S KROUSE	14. MOTHER'S MAIDEN NAME ELLA HOLLINGS WORT	4.
(Yes no or unbound) . If we sim was as date of social	CASSIUS KROUSE -BROTHE	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cereberal Infarc	stion	INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gove rise to immediate coese (a), stating the under-lying cause lost. DUE TO arteriosclerosis (b) DUE TO (c)		years
\$ 450.0	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	ounty) (Stote)
olive on July 23 , 1957, and that dec	oth occurred at 615 AM, from the couses and on the ADDRESS (Street, city or town, stote)	
PHYSICIAN'S NAME (Type) Stephen C. Cromwell	_ m.b. ==================================	======================================
220. BURIAL, CREMATION, BURIAL (Specify) July 26,1957 Parklawn Ce		(Stote)
22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER Spring	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGI	NATURE

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07661

CERTIFICATE OF DEATH

				Keg. I	DIST. 140. & / C
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI	f Colum	ed. If institution, Resid	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carporate	limits, write RURAL and	d give nearest town)
Bethesda	10 hrs.20 min	. 5036 Wisco	onsin Av	enue, N. W.	47x-3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Suburban		Washington	1, D. C.		YES NO NO
3. NAME OF First DECEASED (Type or print) Theodore	Middle H	Kurtz	4. DATE OF DEATH	Month July	Day Year 10 19 57
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9.		ER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED	March 24, 18	192	ost birthday) Months	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign count	ry) 12. C	ITIZEN OF WHAT COUNTRY
Stock clerk	??	Germany			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
Frederick Kurtz		Louise	??		
	08-30-93891	NFORMANT Medical Recor	rd.	Address	HAZTETA
Conditions, if ony, which gave rise to immediate DUE TO	Aspiration Atel Intestinal Obst Carcinom a of 1	truction	Colon		48 Hours
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				ART 1(a) 19. WAS AIJTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While		ACE OF INJURY IHame, farm ctory, street, affice bldg., etc	20f. (City or	town)	(County) (State)
ACTUAL SIGNATURE P. P. On Signature	sed from July 9 57, and that death M. D.	M.D. Washingto	ADDRESS (Street on, D. C	ne causes and an , city or town, state)	7-10-5
220. BURIAL, CREMATION, 22b. DATE THEREOF BUR-transit 7/11/1957	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION Detroi	t (City, town, or county	(Stote) ichigan
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-755	7 Wis. Ave. Be	th N/Ld	D BY REGISTRAR	24b. REGISTRAR'S S	II Homehars

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07568

CERTIFICATE OF DEATH

07639 **223** Reg. Dist. No.

I	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Resion STATE b. COUNTY &	dence before admission)
	Montgomery	MARYLAND	Maryland MI	mtgomery
1	b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give (rearest town)
1	Tahoma Park	13 days	Takoma Terk	7
	d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Washington Sanitaciumy	Hospital	7309 Willow Avenue	YES NO NO
	3. NAME OF First	Middle	Lost 4. DATE Month	Day Year
1	(Type or print) Freedom	Roseve	heaman DEATH July	7 1957
1	5. 5EX 6. COLOR OR RACE 7. A		8. DATE OF BIRTH 9. AGE (In years If UNE last birthday) Month	ER I YEAR IF UNDER 24 HRS.
	Male Cauc WID	OWED DIVORCED	JULY 30, 1893 63 yrs.	Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done)	106. KIND OF BUSINESS OR INDU	STRY VI. BIRTHPLACE (State or foreign country) [12.	CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		Indiana	4.5.
1	12 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ı	10000		Minerua Me Xoun	
ł	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	MINERUL ME ROWN	
4	[Yes, no. or unknown] [(If yes, give wor or dates of service)	W.	Malel & Ken Change	1 M 2)
	NO YES. NATE GUARD	[///	s. 11 ave of . reaman, (same a	4 4 4)
1	18. CAUSE OF DEATH [Enter only one couse p	er line for (a), (b), and (c).	The Library Calling	ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Circulate	y failure - proce	Jomen.
	332 X DUE TO	Augustant.	the as bair.	2.1.1.
A	Canditions, if any, which) (b)	Cream	TUCINO DECE.	Durce
	gave rise to immediate Couse (a), stating the under:			
	lying cause last. (c)			
	PART II. OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	ART 1(a) 19. WAS AUTOPSY PERFORMED?
)	3 2040 Chrone	lymphotic	lukinia	YES NO
	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20b. ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	DESCRIBE HOW WIJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH			
		od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town)	(County) (State)
	Hour a. m. 19 W	/hile Not while for	ctory, street, office bldg., etc.)	
		(1110	1956 to Nelly 7 1957 that	11
Š	21. I certify that attended the dec		accurred at 5 9 PM, from the causes and ar	I last saw the deceased
	alive on	y and that death	ADDRESS (Street, city or towns state)	the date stated above.
4	ACTUAL SOME	MADRILLA ILL	1) 112 (ABBH) 17 VII	1 2/2/17
	SIGNATURE / CANAL CONTROL OF CONT	everyal, ork	M.D. 115 Carra par par	
	PHYSICIAN'S JAMES K	COLEMAN	Washington 12 hle	,
	220. BURYAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City town, or count	6 1.1 11
	BURIAL ZELY 10,	Nort Kinesky	Cemilery Prince George C	o Maryland
	29. EUNBRAL DIRECTOR'S SHEWARLINE	ADDRESS OD C	1 / LAB REC'DULY REGISTRAND VAL MEDISTRANS	SIGNATURE A
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BUREAU V. S.

1961 OT 701

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07663 PLACE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

Montgom	ery	MAR	YLAND	a. STATE Ma	ryla	nd	b. COUN	ITY MC	ontgom	ery	
nearest town)							orate limits, writ	e RURAL	and give ne	earest for	vn)
PITAL (If not in hospital, g	ive street a		Md.			Carro]	l Place	,		ON	A FARM?
				Lewis		4. DATE OF DEATH					Year 19 57
6. COLOR OR RACE White					5.	1882	last birthda	y) Man	-	-	
orking life, even if retired)		OR INDUS				auntry)	12			T COUNTRY
				14. MOTHER'S A	AAIDEN	NAME				1	
ruman											
		None			-				14, M	ary]	and
IMMEDIATE CAUSE (a DUE TO any, which immediate DUE TO	3 1	THRONAR	PHCE	BITIS, OCC							
THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	HE TERM				N PART T(a)	PERF	AUTOPSY ORMED?
Y MEDICAL EXAMINER) JRY Month, Day, Yes	While	_ Nat while _	20e. PL/ foc	ACE OF INJURY (Hitary, street, affice	ome, fari bldg., et	m, 20f. (City	y or town)		(Caunty)	(State)
	decease	d fram Jul	y 10,	19. 57	յ <u>ս</u> Մ 5:25	A M, from	n the cause	7 ,the	at I last s	ate sta	e decease
	Maryla PITAL (If not in hospital, golden and in hospital), golden and in hospital, golden and golden and golden and golden and golden and golden and	Maryland PITAL (If not in hospital, give street of hical Center, Bet hical Center, Bet First Mabelle 6. COLOR OR RACE White WIDOWEI FION (Give kind of work done lob. I will be wil	PITAL (If not in hospital, give street address) Acal Center, Bethesda Ut, First Middl Mabelle Ode 6. COLOR OR RACE 7. MARRIED NEVER MARR WIDOWED X DIVORCE TOO (Give kind of wark dane orking life, even if retired) OET 100. (Give kind of wark dane orking life, even if retired) FUMAN VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No None EATH (Enter only one cause per line for (a), (b), and (c) EATH WAS CAUSED 8Y: 2 PULLIONAR; IMMEDIATE CAUSE (a), DUE TO ONLY OF TOO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D WAS UNDERLYING (C) LURY MONTH, Day, Year 20d. INJURY OCCURRED While of work of wark in that I attended the deceased from Jul that I attended the deceased from Jul that I attended the deceased from Jul	PITAL (If not in hospital, give street address) PITAL (If not in hospital, give stree	Naryland 19 days	Naryland 19 days	Name 14 Maryland 19 days X X X X X X X X X	PITAL (If not in haspital, give street address)	Name 19 Name	PITAL (If not in hospital, give street address) A STREET ADDRESS A STREET ADDRESS	Color or RACE Narriand 19 days X X X X X X X X X

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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07664 CERTIFICATE OF DEATH with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY be filed b. COUNTY onie. a MARYLAND death. eral c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give negrest town) should ! OCIC Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS OR INSTITUTION NAME OF Fire Middle DATE Month DECEASED 24 (Type or print) DEATH within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED T DIVORCED T papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 CHAR attending -CAUSE OF DEATH [Enter only one cause per line far (g), (b), and, (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO that py mit. any Canditions, if ony, which signed gave rise to immediate be DUE TO couse (o), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) as the 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY [Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED use Hour a. m. foctory, street, affice bldg., etc.) While Not while at wark at wark p. m 21. I certify that I attended the deceased from 19____,that I last saw the deceased alive on death M. from the causes and on the date stated above. DIRECTOR: d be detach priar ta bur and that ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) FUNER age 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page REMOVAL (Specify) oods 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Pumphrey

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. IS RESIDENCE

ON A FARM? YES T NO D

Year

195

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 H

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO T

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Dava

(County)

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Months

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07642

07665 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Montgomery Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) RURAL and give nearest lawn) Rockville Bethesda (Rural davs d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 1607 Bradley Ave. U.S. Naval Hospital, Bethesda. Md. YES NO TE NAME OF 4. DATE Middle Last Month Day Year DEATH (Type or print) T. HEUREUX July 1957 Joseph 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Davs Hours Min. White DIVORCED T March 1899 Male WIDOWED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Foreign Service Officer U.S. Government U.S. New Hampshire 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rodolphe L'HEUREUX Pichette Desneiges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Official Navy Records WW-T Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) DICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Yeor 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Haur o. m. Not while of work of work 9 July 21. I certify that I attended the deceased fram. 7 June 19 57 . ta 1957 that I last saw the deceased and that death occurred at 3:10P. M, from the causes and an the date stated above. alive on 9 July ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.D. U.S. Naval Hospital, Bethesda, Md. PHYSICIAN'S U.S. Naval Hospital, Bethesda, Md. NAME (Type) D. OSBORNE, CDR. MC. USN 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington Nat'l Cemetery Arlington, Virginia July 1957 23 FUNERAL DIRECTOR'S SIGNATURE 245 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE

1756 Pena. Ave., N.W. Wash. D.C.

0

FUNER

8.等上连重要加付了10.50年,另外11.620年间的同时经验的证明上的推进的推进了10.65年,但因此上年发表出 BUREAU V. E. 15 18 1954 · · representation of the contract of the contract

220. BURIAL, CREMATION, 22b. DATE THEREOF 7-3-5

23. FUNERAL DIRECTOR'S SIGNATURE

		MARY 07666	LAND S	STATE DEPAR	TME ER'S	CERTIFICA	H—BAI	DEATH	18 Reg. Dis	-	769	134
1.	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where decea			ce befe	ore admi	ssion)
	Mo	ntgomery		MARY	LAND	o. STATE M ry]	nd	b. COUNT		ite		
B	o. CITY OR TOWN (If or and give recreat town) Fores	t Glenn	rite RURAL	c. LENGTH OF STAY I	N lb	c. CITY OR TOWN (III		porate limits, write	RURAL and	give ne	arest to	wn)
•			(If not in hos	pital, give street address)	d. STREET ADDRESS	Transfer F		1 - 20			SIDENCE
	Walter Re	ed Annex				1902 Wild	her A	ve.				NO G
	NAME OF DECEASED (Type or print)	J _a ck	irst F.	Middle Lindle		Lost	4. DATE OF DEATH	Month July 1	. 195'	Day 7	Y	ear
5. 5	male	6. COLOR OR RACI	7. MARRI	D DIVORCED		12/9/1918		9. AGE (In years lost bighday)	IF UNDER 1		IF UND Hours	ER 24 HRS. Min.
100	USUAL OCCUPATION during most of working M. Sgt.	(Give kind of worldife, even if retired	dane 10b. I	U.S. Army	NDUST	North Ca		country)		EN OF	WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	John W Id	ndleys				Ollie McK	ay					
	WAS DECEASED EVER	IN U. S. ARMED F f yes, give war or dates of	of service)	38-05-9615		Army records		Address				
		WAS CAUSED BY	Cor	for (o), (b), and (c).] conary Occlu	sio	n				ONSET	AL BETWEET AND DEA	TH
	(a), stating the un cause last.) (c)									
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART		PERFO	RMED?
	20g. EXTERNAL CAUS PRIMARY gr CONT CAUSE OF DEATH.	E WAS RIBUTING []	ROb. DESCRIBI	E HOW INJURY OCCUR	RED. (E	nter nature of injury in Par	1 I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Y	While			E OF INJURY (Home, farm ry, street, affice bldg., etc.		ar tawn)	(Cour	ity)		(State)
			71 - 71	remains described Accident ,		ve, held an Autops cide \square . Homicide	_	nspection x	Inquiry		ond	find that
	ACTUAL SIGNATURE	rank)	Bi	orchart	_	_M.D. CHIEF MEDICAL EX	CAMINER		/1/57		DATE S	GNED
	EXAMINER'S FI	ank J. UB	roscha	rt		DEPUTY MEDICAL			17/5/			

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

D. 240, REC'D BY REGISTRAR

(State)

VS. A15ME(5) 5M 9/SS

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BUREAU K.

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- MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Montgomery o. STATE MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Takoma Park D. O. Silver Spring ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington Sanitarium & Hospital 600 Dale Drive NAME OF 4. DATE First Month 0 DECEASED (Type or print) DEATH Robert Llewelyn July Lowerv S. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR last birthday) Months WIDOWED [7] DIVORCED T Male Whi te yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) O OD ond Broker Real Estate Pe Penna. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Poge 5 r Charles Nicholas Lowery Mary Ann Devore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wife (If yes, give war or dates of service) Give (Sign 600 Dale Dr. S. S. Md. Rhea G. Lowerv 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse burial **DUE TO** (o), stoting the underlying couse lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY SO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exam should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) writing the viief Medical While 0 m Not while of work of work p. m. Inspection , Inquiry , and find that 21. I certify that I took charge of the remains described above, held an Autopsy RECTOR: death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined cause S ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** LOSCHZLT DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d LDCATION (City/Igwn, or county) Po REMOVAL (Specify) 0 ADDRESS 24a. RECIDEBY REGISTEAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

YES NO W

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

DATE SIGNED

NO D

(Stote)

19 57

Min.

Day

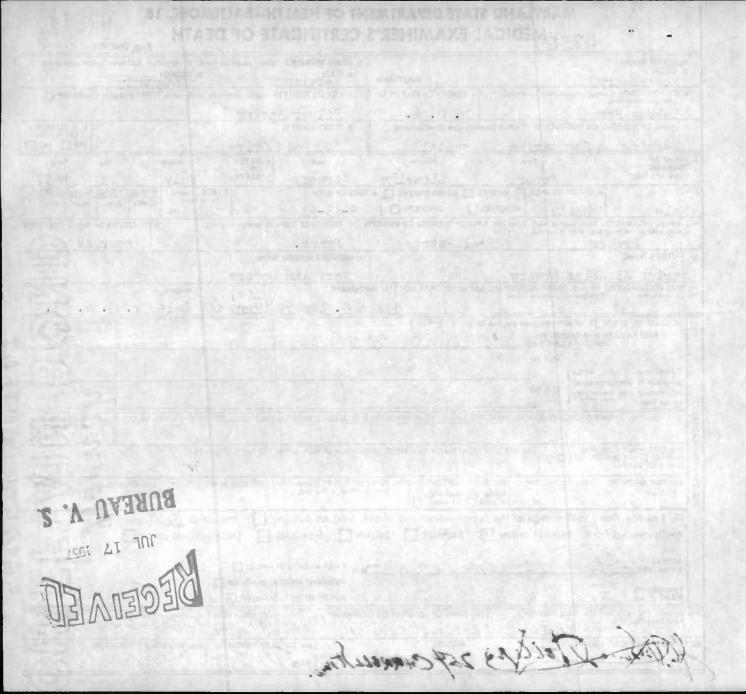
Days

(County)

America

DEPUTY SM 9/55

VS. A15ME(S)



Va	03
	-

67667	CERTIFICA	ATE OF DEATH			leg. Dist. No.	214
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	- h	COUNTY	Residence befor	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF and Silver Spri	utside carparate limi			- 4
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION 200 Granville Drive		d. STREET ADDRESS 200 Granvil	le Drive	1	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY (NM)) Luc	19 S	0 43	N	Day	1957
female white WIDOWED	DIVORCED 🗍	B. DATE OF BIRTH	72		NODER 1 YEAR Aonths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker Ladies	Apparel	Poland	ar fareign country)		U. S.	A .
13. FATHER'S NAME Stanislaw Dobozinski		14. MOTHER'S MAIDEN N	AME	10-7-		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [It yes, give wor or dates of service) NO		ester F. Berna	rd. 200 Gr	Address	le St.,S	S. Md.
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRI	PLITING TO DEATH BUIL	NOT PELATED TO THE TERMIN	NAI DISEASS COMO	ITION CREEK	DIN BART V-1 V	WAS AUTOREY
E Procument.		D. (Enter nature of injury in P			THE TONE (U)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY of Haur a. jn. While N	DCCURRED 20e. PL/ at while foo	ACE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased from alive an 28 feeting 19 57. ACTUAL SIGNATURE SERUCH T. KIMBIE PHYSICIAN'S NAME (Type) SERUCH T. KIMBIE	, and that death	accurred at 1045		causes and	d on the dat	
REMOVAL (Specify) Rumial Aug. 1, 1957 St	John's Ce	emetery	22d. LOCATION (CI	en, Mo	1.	(State)
the same of the sa	odress ver Spring,			24b. REGISTR	AR'S SIGNATUR	Tolk

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3. It is be detached for use as the burial-transit permit. Then please remove corban papers. Pages I the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 9/SS

MARYLAND ST	TATE DEPARTME	NT OF HEALTH—I	BALTIMORE, 18	02:010
07592	CERTIFICA	TE OF DEATH		Reg. Dist. No. 213
1. PLACE OF DEATH o. COUNTY Martaneleu	MARYLAND	2. USUAL RESIDENCE (Where do. STATE	eceased lived? If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN Ut outside	corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in pospital, give street odd OR INSTITUTION	ilnium)	d. STREET ADDRESS	Jacolyn &	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	e F	L VON G	ATE Month	6 Leoy Yeor 1957
S. SEX 6. COLOR OF RACE 7. MARRIED WIDOWED [DATE OF BIRTH / 87	4 4 4 4 4 4	FUNDER 1 YEAR IF UNDER 24 HRS. Mooths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDUSTI	RY 19. BIRTHPLACE (State or for	reign country) D.(12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME SHOW & SHOW		14. MOTHER'S MAIDEN NAME	7. L. Su	11/
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) 11 yes, give war or dates of service	CIAL SECURITY NO. 17. INF	ORMANT Poli	ext I.V.	you Broth
18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	trombosis	0	INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate case (a), stoting the underlying couse last.	rebral as	Teriosclera	ria	10 years
PART II. OTHER SIGNIFICANT CONDITIONS CON 43 20a. ACCIDENT WAS UNDERLYING 70b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED.	(Enter noture of injury in Port 1	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ Not while tocto	E OF INJURY [Home, form, 20 ory, street, office bldg., etc.)	f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased alive an 19.57	from Oct 22:		/	that I last saw the decease of an the date stated above
ACTUAL SIGNATURE TO LONG) peren M.	D. 1150 C	oua A	1/2
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 12	UNN	Mask	englos 6.	DC.
BURIAL (Specify) 7/8/1957	CONGRESSIONAL	. CEMETERY	WASHINGTON, I	D. C.
23. FUNERAL DIRECTOR'S SIGNATURE MARTIN W. HYSONG COMPANY	ADDRESS 1300 N. STREET, WASHINGTON, U.	N. W. 24g. REC'D 8Y	REGISTRAR 24b. REGIST	RAR'S SIGNATURE

O M. Talvare in cost Am mon plants . High

Reg. Dist. No

e. IS RESIDENCE ON A FARM?

Alavienz H

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO P

Doys

YES NO TA-

Year

1957

(County) (State) 19.2 7, that I last saw the deceased and that death occurred at 245HM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE DATE

CERTIFICATE OF DEATH

BUREAU V. S.

10 31 1957

VS A15 (4) 15M 9/SS

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07668 **CERTIFICATE OF DEATH**

Reg. Dist. No.

07648

1. PLACE OF DEA	TH Nontgomery		MARYLAND	o. STATE	ence (W		lived. If institution b. COUNTY	on: Residence	before admi	ssion)
b. CITY OR TO	WN (If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If	autside corpor	ote limits, write R	URAL ond give	nearest to	wn)
Bethesda	(Rimal)		22 Days	Aı	nnapo	lis	03.10	2		V
d. NAME OF H	OSPITAL (If not in hospital, g	ive street		d. STREET A	-				e. IS RI	ESIDENCE
U.S. Nava	al Hospital, I	Be the	sda. Md.	5	Alde	r Road				A FARM?
3. NAME OF	Fir		Middle	Last		4. DATE	Mon	th	Day	Yeor
(Type or print)	Step	hen	Frances	MALIC	KI	OF DEATH	Jul	У	8	19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	1	20 - 10 - 1	P. AGE (In years last birthday)	IF UNDER 1 Y		
Male	White	WIDOW	ED DIVORCED	12-3-55			1 yrs.	Months Do	ys Hour	Min.
100. USUAL OCCL	PATION (Give kind of work f working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITIZE	N OF WHA	T COUNTRY?
None	r working life, even it retired	'	None	Mar	yland	1			U.S	5.
13. FATHER'S NAM	NE .			14 MOTHER'S	MAIDEN I	NAME				
Tadeus	Malicki			Claire	Clark	ce				
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress	-	77.1
NO (Yes, no. or unknown)	(If yes, give war or dates of s		None Mo	ther, Cla	aire	Malick	i (Same	As #2)		
Conditions gove rise couse (o), st lying cause	I. OTHER SIGNIFICANT CON	o) o) :) :iDitions (CONTRIBUTING TO DEATH BU					va	PERF	Month
	NT WAS UNDERLYING AUTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI							
Hour o	INJURY Month, Doy, Ye a. m. 19 p. m. 19	While		LACE OF INJURY () octory, street, office	bldg., etc	c.)		(Cou		(Stote)
alive an ACTUAL SIGNATURE_	July John	195	Hazen	M.D. U.S.	3:05I Nava	ADDRESS (SIG		and an the stote) the sda	date sta , Md .	nted abave.
	MATION, 226. DATE THEREO		22c. NAME OF CEMETERY O		Mave		ON (City, town,			ole)
REMOVAL (Sp. Burial			Annapolis Nat		erv		olis, Ma		(5)	Jie;
	CTOR'S SIGNATURE		ADDRESS	o T Ocure			AR 246 REGI		ATURE)
John M	Taylor & Son	s. An	napolis, Mary	land		7-9-57	42	1	1	//
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BUREAU V. S.	intipon Live in pour le la		

STATE OF STA

CERTIFICATE OF DEATH 07669 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g b. COUNTY MARYLAND Maryland Montgomery E death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest town) should days Baltimore Bethesda (Rural d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 715 Highwood Drive U.S. Naval Hospital, Bethesda, Md. 3. NAME OF Middle Lost 4. DATE Month DECEASED OF DEATH MANNION July (Type or print) Thomas James within IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths White October 5, 1897 Male WIDOWED | DIVORCED T 50 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S. Navy (Retired Maryland Mariner carbon ofter 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delia GILLESPIE Thomas P. MANNION remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Official Navy Records WW I & II Unknown Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ā PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Nat while at work at work July ____ 19.57. to 21. I certify that I attended the deceased fram, 10 June ___, and that death accurred at 3:15A.M, from the causes and on the date stated above. alive on 22 Jul ADDRESS (Street, city ar town, state) ACTUAL U.S. Naval Hospital, Belthesda, Md. PHYSICIAN'S U.S. Naval Hospital, Bethesda, Md. NAME (Type) FUNER 220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 26 July Baltimore, Maryland 0 ADDRESS Baltimore, Md. 23: FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Liston Wiederfield, Greenmount & 22nd VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7649

Days

U.S.

(County)

Reg. Dist. No. 21

. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

YES NO IX

Yeor

19 57

CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

07670 CERTIFICATE OF DEATH

Reg. Dist. No. 17650.

	1. PLACE OF DEATH 0. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington 44.7 x - 3
-	Bethesda (Rural) 2 days d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION U.S. Naval Hospital	d. street Address 9 Cargo Green e. is residence on a farm? yes \(\) No \(\otilder\)
	3. NAME OF First Middle DECEASED (Type or print) Maria San Nichola	AS MATEO 4. DATE Month Doy Year DEATH July 13 1957
İ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH February 26, 1921 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min. Months Days Hours Min. Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Anesthetist Medicine	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Guam U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Pedro C. MATEO	Rosa ALVERS
	(Yes, no. or unknown) [(If yes, give wor or dates of service)	other, Juan San Nicholas MATEO (Same as #2)
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) HYPER HE NOGLE (c) P644/6/4 ChRC	INTERVAL BETWEEN ONSET AND DEATH 3 WKS CON, ARTERIAL MYSIGNIFIET 7 4RS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 4 4 5 X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P. (Enter nature of injury in Part I or Part II of item 18.)
_	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY IHame, farm, 20f. (City or town) (Caunty) (State) tory, street, affice bldg., etc.)
		57
	220. BURIAL, CREMATION, 22b. DATE THEREOF Private Cemetery OF Private Cemeters Private Private Cemeters Private Private Cemeters Private Private Private Cemeters Private Privat	
	R.A. Pumphrey, 7557 Wisconsin Ave., Both	Hesda Md Date 7-15-57 Pacy 5. Farelly

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			A CONTROL OF THE CONT
BUREAU V.			
BOKEVO A°			

is necessary, please exe	rector. Page 4 shauld be	96	vriar ta burial, crematian	
S TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any d	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral sector. Page 4 shauld by	forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	TO FUN. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the regist prior to burial, cremation	(
4.9	. 1	- 26	115	9

	076 MEDICAL EXAMINER'S CERTIFICATE OF DEA
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived.
1	o. COUNTY M CONTENANT MARYLAND O. STATE Will b.
i	b. CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits and give necrest form)
	Silver String 7 ym 56/ Jelon of
>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address), d. STREET ADDRESS
ı	2710 Tentemore Rd 2710 Tenemor
ı	3. NAME OF DECEASED First Middle Lost 4. DATE OF
	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO R. DATE OF WORTH 19. AGE (III
	9
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
J	during riost of warking life, even if retired)
Н	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	um H 1010 d 2000 11 3 man
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	(Yes, no, or unknown) (If yes, give wor or dotes of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Ħ	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)
П	4 40. 1 DUE TO
1	Conditions, If any, which agove rise to immediate cause (b)
d	(a), stating the underlying DUE TO
	COURS CONTRIBUTION CONTRIBUTION CONTRIBUTION OF PEATLY BUT NOT BELLET TO THE TERMINAL DISEASE CONTRIBUTION OF THE TERMIN
)	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 18
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) of work at white of work at work
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspectio
I	death resulted from: Natural causes K, Accident , Suicide , Homicide , Undeterm
	1- 0
I	SIGNATURE Trank 9. Mostkout M.D. CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S FIANK U. BROSCHEFT DEPUTY MEDICAL EXAMINER DX
	224. BURIAD CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City
	BURIAL 1-8-5/ COLUMBIA GARDENS AILLI
	23. EUNERAL DIRECTOR'S SIGNATURE DEAL FUNERAL HOME 4812 CAAUE 240. REGISTRAR 24 DEAL FUNERAL HOME 4812 CAAUE 240. DATE DATE
	DEAL PUNERAL NOME WASH & CLOATE OLS

Reg. Dist. No.

), PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residen	ce before admission)
o. COUNTY Monty MARYLAND	o. STATE Med b. COUNTY M	unter
b. CITY OR TOWN (If outside corposed limits, write RURAL) c. LENGTH OF STAY IN 1b and give nearest town	c. CITY OR JOWN (If outside corporate limits, write RURAL and	give nearest town)
S. Cies Solve 7 m	56/ love short	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
2710 Tentemore Rel	2710 Tenemore Rel	YES NO
3. NAME OF Pirst Middle	Lost 4. DATE Month	Day Year
(Type or print) leare Mary	May DEATH July 5	1957
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	And the state of t	YEAR IF UNDER 24 HRS.
Jewel White WIDOWED DIVORCED	B-26-01 56 yrs.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST during prost of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
nouseupe	Va	4.8.9.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Un H. Woodward	Vergenie Sommers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes. no. or unknown] (If yes, give wor or dates of service)	Address	11
	as May (husband) Cleron	2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reclusion-	N. den
420.1 DUE TO		1,000
Conditions, if any, which) (b)		
gove rise to immediate cause		
(a), stating the underlying DUE TO		
Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
OIL		PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED IF	inter noture of injury in Port I ar Port II af item 18.)	I IES [] NO [M]
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH.	mor notice of injery in ton 1 of 1011 if at heat to.	
3 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	nty) (State)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC facts of work at work at work	pry, street, office bldg., etc.)	
21. I certify that I took charge of the remains described about	ve. held an Autopsy Inspection Inquiry	, and find that
death resulted from: Natural causes K, Accident , Suid		(A), dila rilia mai
	, Hollicide [], Olideter inflied eduse [].	
ACTUAL TO BOTH A	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE STEWN I SUSPENSE	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7	100 A-
EXAMINER'S THA ALL N RANGED A. T	DEPUTY MEDICAL EXAMINER TE	-5-57
NAME (Type) - TO SCI & FT 229. BURIAD CREMATION, 122b. DATE THEREOF 122C, NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(6)(1)
REMOVAL (Specify)	PAPORAS AIPLING TON	(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24g. REGIQ BY REGISTRAR 24b. REGISTRAR'S SIGN	NATIOE)
DEAL FUNERAL HOME 48126	ALCE DATE UL 8 Lands	The
WAS	The contract of the contract o	B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTE

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BUREAU V. S.

I the contract of the state of

07652 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomery		MAR	YLAND	2. USUAL RESIDENCE (W	here deceased li			fore admiss	ion)
b. CITY OR TOWN	(If outside corporate liminearest town),	ts, write	c. LENGTH OF STAT	IN 1b	c. CITY OR TOWN (IF		e limits, write F	RURAL and give	nearest tawr	1)
	neorest town) (Rural	-	23 days			ngton	47	X-3		
OR INSTITUTION	PITAL (If not in hospital, of Naval Hos				d. STREET ADDRESS	Massach	usetts	N.W.		FARM?
3. NAME OF	Fig		Middle		Last	4. DATE	Mor			Year
(Type or print)	Ivy	31	Ama		MC CULLOUGH	OF DEATH	Jul		1	19 57
s. sex Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARR		September 24		AGE (In years last birthday) 53 yrs.	Months Day		Min.
during most of w	TION (Give kind of work orking life, even if retired Dusewife	done 10b.	KIND OF BUSINESS (TRY 11. BIRTHPLACE (Stote Illin		ntry)	12. CITIZEN	S.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Osc	car MEYER				Lilly GR	TEMAN				
15. WAS DECEASEDE (Yes. no. or unknown) NO	VER IN U. S. ARMED FOR		social security no Unknown		iformant Isband) Harry	Ross M		OUGH (Sa	me as	#2)
PART I. D 157 Conditions, if gave rise to couse (a), statin lying cause los	immediate g the under-	laa	who will have acinom	na ride	oancia	lecta las la	sis ses		3 mm	ary.
200. ACCIDENT NOR CONTRIBUTION	OTHER SIGNIFICANT CONTROL OF THE SIGNIFICANT CONTROL OF T	ili	ire du	el	TO THE TERM	AIMAL DISEASE C	2.	VEN IN PART 1(o	PERFC	AUTOPSY PRMED? NO
20c. TIME OF INJI Hour a. m p. m).	ar 20d. I While at war			CE OF INJURY (Home, far tary, street, affice bldg., et		r tawn)	(Coun	(y)	(State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Teorg	15		death	occurred at 8:05	A.M., from ADDRESS (Street HOSDIT	the causes et, city or town, al, Bet	and on the o	date state b	ed above ATE SIGNE -4-57
220. BURIAL, CREMAT REMOVAL (Special	ION, 22b. DATE THEREO		22c. NAME OF CEA	AETERY OF	CREMATORY	22d. LOCATIC	N (City, town,	hesda, or county) es Co. 1	(Sto	(a)
23. FUNERAL DIRECTO		8.	ADDRESS	L	240. REC		4000	ISTRAR'S SIGNA	v " , "	nel

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07653

CERTIFICATE OF DEATH 07571

_	OI DE	AIII	R	eg.	Dist.	No.	44:
U:	STATE MA	ICE (Where decease	If institution	Resid	ience	before	odmlssio.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (WI	nere deceased		oni Residence I	before admis	sion)
Montgomery County MARYLAND	o. STATE Mary 1	TOO W	b. COUNTY	Iontgom	OTTE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. 25 minutes	c. CITY OR TOWN (IF o	outside corpo	rate limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street address)		e. IS RES	SIDENCE			
Washington Sanitarium & Hospital	948 B North	ampto	n Drive		ON	FARM?
		-				
3. NAME OF DECEASED (Type or print) William Perry McManaway	last	4. DATE OF DEATH	July		24 24	Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do		
Male white widowed Divorced	11-28-14		42 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
pressman Newspaper	Ohio			US	Α.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME				
Charles McManaway	Emma Morri	is				
(Yes no or unknown) . (If yes nive war or date of service)	NFORMANT		Addr	ess		
no 277-03-5827	Hospital Recor	rds		ı ib		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- 1				INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caronary	Oceluse	ou		1	ONSET AND	wal-1h
142 A DUE TO	,				yee as a	266367-1-09
Conditions, if any, which) (aloreand Res	in a x Hori	15.		91000	9 1141	200
gave rise to immediate	ease Fireay	1666	cery		F 4100	166461
cause (a), stating the under-		()			- /	
lying cause last.) (c)	NAME OF LITTER OF THE PERSON				Jan was	A. 170 Box
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT KETATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFC	PRMED?
5				• ,	YES [NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in	Part I ar Part	III of item 18.)			
	ACE OF INJURY (Home, form	, 20f. (City	or tawn)	(Cov	nty}	(Stote)
Hour o. m. While Not while of work of work	ctary, street, office bldg., etc	}				
67 / m . /	12507.	9/2	150	7		
21. I certify that I attended the deceased from.	192/, 10	7	/	,that I las		
alive on 7/24, and that death	occurred at 6135					
ACTUAL SPARA HAZA	71	ADDRESS (SI	reet city or town,	state)	D.	ATE SIGNED
SIGNATURE / LA TREAS (LATTER)	M.D. / area	ua'	ark	rua.		174/59
PHYSICIAN'S Robert A. Hare M.I), 1	Elea.	sed by	Dr. B	9/1-0	Oron
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(Stat	(0)
Ship & Durial 7/24/57 Midway Cemet			way. Chi		10.01	100
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A STATE OF THE PARTY OF THE PAR	D REGIST		TRAE PEIGN	EURE	8 01
Manna E Rame Hone, OHZH HOL	24/2011	25	1957	1/1/1	1000	Med
the same of some some source	MA VIDAR			016	1/10/	Jacob

BUREAU V. E.

10F Se 10EY

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Laytonsville.

Md.

. IS RESIDENCE

Day

Spring

(County)

Md.

24b REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

(State)

INTERVAL BETWEEN

VAS AUTOPSY PERFORMED?

(Stote)

Days

6

ON A FARM?

YES NO I

24 hours ő

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TATE DEPARTMENT OF HEALTH-HALTHMORE, IS	2. DVALTYSIAM
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VEN CHIEF OF THE TRAITERS AND ACCOUNT.	Present M subjects
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Remolde Hary Bell Wilson	Lingstte Emerson le
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DECENTED	Ol viet laland
TORRESTAR, Mr. F. Market M. S. C.	TALIFUL TO THE

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ter death. If any delay is necessary, please	1, 2, and 3 to the funeral director. Page m	Page 5 may be retained for your files.	1 and 2 with the St. loard of Health,	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after dearm.	
executed within 24 hours of	icil in Hem 18. Give Pages	Office along with form PM3.	Atronsit permit. File pages	moval, and in any event wil	
MINER: This certificate should be	iting the word 'pending' in pen	the Chief Medical Examiner's C	age 3 shauld be used as a buria	prior to burial, cremation, or re	
IN DEPUTY MEDICAL EXAM	execute the certificate, wri	4 should sorworded to	TO FUNEW DIRECTOR: Pe	or its designated agent, p	
5	. A	15	ME		

			MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMORE,	18	0776	155
			MEDIC	AL EXAMINER'	S CERTIFICA	TE OF DEATH	Reg. Dis	010	160
)	1. P	LACE OF DEATH	Ontgomery	MARYLAND	O STATE	Where deceosed lived. If institution b. COUNT	ution: Residen		mission)
	Ь	CITY OR TOWN	[If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limits, write	RURAL ond	give neorest f	own)
	r	and give neorest too	thesda	1 Day	White	e Plains	69x	3	
	d		Leland St.	hospitol, give street oddress)	d. STREET ADDRESS 4 Hi:	lton Ave.		01	RESIDENCE NA FARM? NO
		JAME OF DECEASED	First	Middle	Lost	4. DATE Month	h	Doy	Year
	-	Type or print)		tanton Merit		DEATH July		957	19
	5. S			RRIED K NEVER MARRIED	. In In a	9. AGE [In years lost birthday]	Months D	YEAR IF UN	DER 24 HRS.
	20	Male	111-11-0-0	VED DIVORCED	4/7/1905	52 yrs.	10 0000		
1	100.	uring most of work	tion (Give kind of work done 10) ing life, even if retired) motive engin	S. KIND OF BUSINESS OR INDUS			12. CITIZI	EN OF WHA	COUNTRY
1		FATHER'S NAME	morrae engun	eer	N. Y		1	USA	
	13.	A.	Floyd Merith	A 388		THE RESERVE OF THE PARTY.			
	15.				Gertrude	P. Thompson			
)		no, er unknown)	[If yes, give war or dates of service]	000 05 5070	Irs. Geo. R		ter)	Item	1
2	CERTIFICATION	PART I. DE. 44 20 . I Conditions, if gove rise to imm (o), stating the couse lost.	ony, which ediate cause underlying DUE TO (c)	Coronary Occl			EN IN PART	1(o) 19, WAS	lden
	MEDICAL	20c. TIME OF INJ Hour o. m p. m	. W	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, forn story, street, office bldg., etc	n, 20f. (City or town)	(Coun	ty)	(Stote)
٧	220.	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ION, 226. DATE THEREOF	Causes A. Accident Busilian roschart [22c. NAME OF CEMETERY O	M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	Homicide , Undete KAMINER AL EXAMINER EXAMINER 22d. LOCATION (City, town,	/4/57	DATE (See	nd in my SIGNED
	23.	REMATION FUNERAL DIRECTO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	DK'S SHEMATHURE /	ADDRESS SILVER SPRING,	240. REC'	1 17	COUNTY STRAR'S SIGN		LAND

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BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

(7675 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) Bethesda days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 8009 Custer Road U.S. Naval Hospital, Bethesda, Md. YES NO NAME OF 4. DATE Middle Month Yeor DECEASED MEYER Richard Norman July DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH lost birthday) Months Doys Haurs 8 November 1910 WIDOWED | DIVORCED [White Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Foreign Service Officer U.S. Government California U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME May Hyman Phillip C. MEYER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Wife) Mrs. Madeleine C. Meyer (Same As #2) WW-II Unknown Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) melaslases DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while ot work at work July 21. I certify that I attended the deceased from 24 July 29 that I last saw the deceased and that death occurred at 10:45A M, from the causes and an the date stated above alive on 29 ADDRESS (Street, city or town, stote) ACTUAL U.S. Naval Hospital, Bethesda, Md. 7-29-57

PHYSICIAN'S J.T. HORGAN, LT, MC, USN U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

Arlington, Virginia Arlington Nat'l Cemetery Buria 240. REC'D BY REGISTRAR , ZAH. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Wasconsin Ave., Bethesda, Md DATE

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	THE PERSON NAMED OF PARTY OF P	Eustan ka		
BAISOSINE		Name of the last o	Belleville Brown	

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please	4 shou		, cremo		-
O DEPORT MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		TO FUNE DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration for to burial, cremation,		-
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בעב	ute the	forwary to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your feet.	FUNE	r remo	
2	U		10	0	
VS.	. A	15/	AE(5)	

MARYLAND STATE DE					Reg. Dis)765 . No.	714-
PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDE		ased lived. If Institu		ce before adi	missian)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) STLVER SPRING c. LENGTH O	F STAY IN 1b	c. CITY OR TO	D. C. WWN (If outside co	rporate limits, write	RURAL and g	give nearest t	own)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree 10,007 Loraine Ave.	t oddress)	d. STREET ADI				10	RESIDENCE N A FARM?
-DECEASED	ddle ARD	Last MILLEI	4. DATE	Month	1	Doy	Year 19 57, .
SEX 6. COLOR OR RACE 7. MARRIED NEVER A FEMALE WHITE WIDOWED DIVE		OATE OF BIRTH	1899	9. AGE (In years last birthday) 57 yrs.	IFUNDER IN		DER 24 HRS. Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during most of working life, even if retired) BM Operator - Government Services				country) VIRGINIA	1 1 3 5	S.A.	T COUNTRY?
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18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to Immediate cause (o), stating the underlying couse last. DUE TO (c)	(c).] ry ocelů	sion		Silver	Spring	SUD	EATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed e. COUNTY b. COUNTY Monte MARYLAND Marvland Montg erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 5 0 Germantown Germantown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION The Marylander Rest Home YES NO TO NAME OF Middle 4. DATE Lost Month Day Year DECEASED Pearl M 17 78 (Type or print) DEATH 19 57 July 29 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy)
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ADDRESS

Snow Hill.

Md.

REC'D BY RECIPIENT

24b. REGISTRAR'S SIGNATURE

10 HOSPI MOY BO MOY

23. FUNERAL DIRECTOR'S SIGNATURE

Clay E. Dennis

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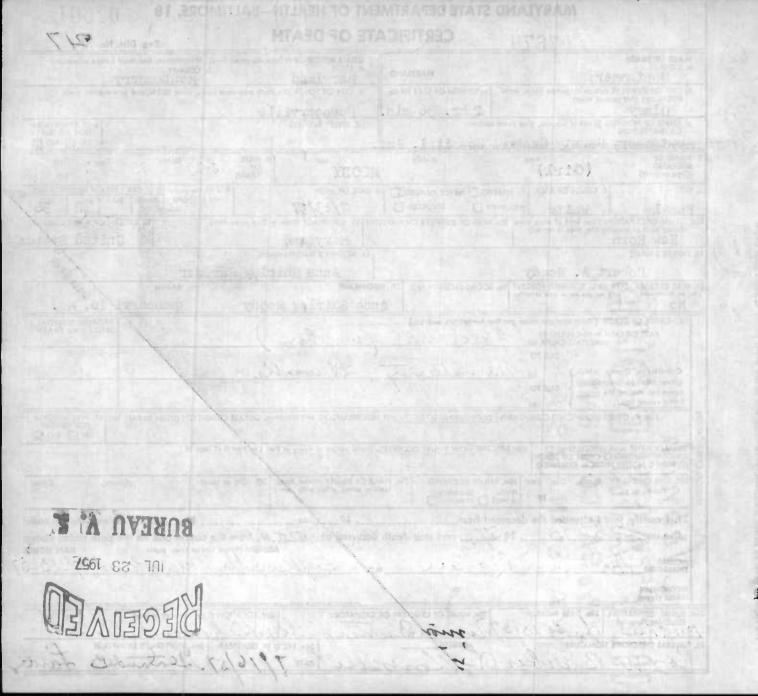
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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07663 Reg. Dist. No.

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OR INSTITUTION	TAL (If not in hospitol, quille Drive		oddress)		d. STREET	ADDRESS	Llle D	rive		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	rances Zimm		Moore Middle		lo	st	4. DATE OF DEATH	July 24		Day	Year 19 57
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20c. TIME OF INJUI Hour o. m. p. m.	19	White of work	Not while of work	foctor	y, street, offic	e bldg., etc	.)				
21. I certify the alive an actual signature Physician's NAME (Type)	ARTHUR	decease , 19 S H Z H.	~ 4		o	114	M, fram	the causes eet, city or town Ave Tow	and on th	last saw t	he decea tated abo DATE SIGI
220. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEMET Fort Line			rv.		ION (City, fown,			Stote)
23, FUNERAL DIRECTOR	S SIGNATURE	Real	Silver Spr				D BY REGISTI	RAR 24b. REG	ISTRAR'S SIC		Offe

TO FUNERAY, DIRECTORS 2 3 strong be the register prior

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CERTIFICATE OF DEATH

BUREAU V. E.

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by the funeral director, 2 shauld be filed with M may be retained by the hospital ar attending physician.

TO FUNE At DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 and detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, crematian, or remayal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/S5

1, PLACE OF DEATH a. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE D. C		l lived. If institution b. COUNTY	on: Residence	before adn	nission)
RURAL and give o	If outside carparate limi		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpo	rate limits, write R	URAL and give	nearest to	own)
Bethesda 1	4, Maryland		10 days		Washington	ı	47	X - 3		
d. NAME OF HOSPI	TAL (If not in haspital, g	give street	address)		d. STREET ADDRESS				e. IS I	RESIDENCE
The Clinica	al Center,	Beth	esda 14, Mo	1.	835 Florid	a Aven	ue, N. E			□ NO
3. NAME OF DECEASED	Fir	rsł	Middle		Lasi	4. DATE	Mon	th	Doy	Year
(Type or print)	Herbert		Powel		Murphy	DEATH	Jul	-	17	19 57
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years last birthday)			
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15. WAS DECEASED EVE			SOCIAL SECURITY NO	17 16	FORMANT The Me		Pagandadd	TARK TO THE PARTY OF THE PARTY		
[Yes, no. or unknown]	(If yes, give war or dates of s		SOCIAL SECORIT NO		Clinical Ce				4	
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21. I certify th	hat I attended the	deceas	ed fram_July	7.7.	19.57 , to_J	uly 17	, 1957	_,that I las	t saw th	ne deceased
	July 17,	, 19_1			accurred at 5:15	P.M. from		ind an the		
ACTUAL SIGNATURE	her for	1	1		M.D. The Clini	TOWN-WILL			7/	77/57
SIGNATURE /_/		Call mark			National			Health	'/	-:/-2-!
PHYSICIAN'S NAME (Type)	Theodore I	Robin	son, M. D.		Bethesda			near on		
220. BURIAL, CREMATIC REMOVAL (Specify		57	22c. NAME OF CEMI	ETERY OF			ION (City, tawn, o	or county)	mus (S	tale)
23. FUNERAL DIRECTOR	Signature Tuneral	Zlon	ADDRESS 18389 R	26		D BY REGIST	1957	Strar's SIGN	ATURE	W om bro

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67684 CERTIFICATE OF DEATH Reg. Dist. No Filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY District of Columbia MARYLAND Montgomery eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e o Bethesda (Rural) 23hr.40 min. Washington d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION . IS RESIDENCE d STREET ADDRESS ON A FARM? 5 Cargo Green, S.W. U.S. Naval Hospital, Bethesda, Md. YES NO IX NAME OF Middle 4. DATE Month Year DECEASED DEATH July 1957 Jude MIRPHY (Type or print) Joseph 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) Months Days DIVORCED T WIDOWED T July White Male 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joyce Elaine BOLGER Paul Vincent MURPHY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Paul V. MURPHY (Same As #2 (Father) No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 76X Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the undermmaturety lying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a.m. Not while of work at work . 19 57, to 29 July 19 57, that I last saw the deceased 21. I certify that I attended the deceased from 29 July , and that death accurred at 11:50P M. from the causes and on the date stated above. alive on 29 July ADDRESS (Street, city or town, state) DATE SIGNED U.S. Naval Hospital, Bethesda, Md. 7-30-57 PHYSICIAN'S Russell Miller, Jr, LT, MC, USN U.S. Naval Hospital, Bethesda, Md. oy be FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Arlington, Virginia Burial Arlington Nat'l Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNAPURE VS A15 (4) Wisconsin Ave., Bethesda, Monte

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

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	OR INSTITUTION	AL (If not in hospital, give stre istianson's Nu	et oddress)	1	d. STREET ADDRESS Boeteler I				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Lepha Estelle	Neely Middle		Last	4. DATE OF DEATH	July	1	Day Year 6 1957
5. 5	female	1	ARRIED NEVER MARRIED DIVORCED DIVORCED		ov. 30, 187	_	9. AGE (In years lost birthday) 79 yrs.	Months Da	EAR IF UNDER 24 HRS.
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13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN N	NAME			
	Jacob Cod	ons			Martha Free	eman			
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCES?			RMANT		Addre		
	No or unknown)		None W	lm.	H. Neely, 10	0,032	Dallas Av	e.,Sil	ver Spring, Mo
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	21. I certify th	at Lattended the dece	ased fram Mary		, 19 50, to 16	gule	1 1957	that I las	t saw the deceased
	alive on 15	gilly 18		h ac	corred at 842 P	M. fram	the causes or	d on the	date stated abave.
		2/20					eet, city or town, s		DATE SIGNED
	ACTUAL	717/1	celen	M.D.	7/12 4	vell	ou Ac	el 1	17 July
	PHYSICIAN'S NAME (Type)	y. B. Q.	LEEN		Takom	a Po	K, M	4	1957
220	BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY				ON (City, town, or		(Stote)
23	FUNERAL DIRECTOR	SIGNATURE	ADDRESS	Ce	metery	D BY REGISTA	Land, Mar	RAB'S SIGNA	ATLIBE VI
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VS A15 (4) 15M 9/55 I

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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8 07668 Reg. Dist. No. 217

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDE	NCE (Whe	And the	d lived. If institu b. COUNT	Y	ence before		on)
RURAL and give n	(If outside corporate limi	ts, write	c. LENGTH OF STAT		c. CITY OR TO	WN (If ou	tside corpo	rote limits, write				
Olney	TAL (If you in housite)		1 days	3		antov	M .					
OR INSTITUTION	TAL (If not in hospital, g	ive street (address)		d. STREET AD	DRESS				e.	IS RESI	DENCE FARM?
Montgomery	County Gen	eral	Hospital,	Inc.	R	t. #]					YES 🔁	NO 🗌
3. NAME OF DECEASED	Fir	st	Middle	e	Lost		4. DATE OF	M	onth	Day	Y	eor
(Type or print)	Jaco	b	Peter	1	Nehouse	188	DEATH	July		i i	1	9 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED B	. DATE OF BIRTH			9. AGE (In year		ER I YEAR IF	UNDE	24 HRS.
Male	White	WIDOWE	D DIVORC	ED	5/8/8/			lost birthdoy		Days i	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work of	one 10b.	KIND OF BUSINESS	OR INDUST		E (State o	r foreign c		12. C	ITIZEN OF	WHAT	COUNTRY
during most of wor	rking life, even it retired		n Farm								TCA	
13. FATHER'S NAME	mer	101	mrar m		14. MOTHER'S M	rylar					USA	
TO PARTIES STATE					14. MOTHER S W	AIDEN NA						15.35
	Henry Nehon	150				Anr	nie .	Hager				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17. IN	FORMANT			Ac	Idress			
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Conditions, if a gove rise to i couse (a), stoting lying couse lost.	the under-)	ONTRIBUTING TO DE	EATH BUT N	NOT RELATED TO T	HE TERMIN	IAL DISEAS	E CONDITION G	IVEN IN PA	PT 1(a) 19	was a	LITOPSY
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	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRED	. (Enter nature of i	njury in Po	ort 1 ar Por	1 11 of item 18.)				
Y 20c. TIME OF INJUI Hour a. n. p. m.	RY Month, Day, Yeo	20d. IN While of work	Not white of work	20e. PLA foct	CE OF INJURY (Ho ory, street, office b	me, farm, ldg., etc.)	20f. (City	or town)		(County)	W	(Stote)
21. I certify the	hat I attended the	decease	ed from		, 19	to		. 19	that I	last saw	the c	leceaser
alive on	52me	_, 12_	on, and the			1:451	PM, from		and an			
PHYSICIAN'S NAME (Type)	G. F. Mead	lors.	Jr., M. I	D• .	Dan	ascus	s, Md	•				7
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREO	F	22c. NAME OF CEM	AETERY OR	CREMATORY Chodist	2		ion (City, town			(Stote)	
23. FUNERAL DIRECTOR			4 ADDRESS Mas		Ma 2		BY REGIST	RAR 24b. REC	SISTRAR'S S	IGNATURE	Yo	- A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

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24b. REGISTRAR'S SIGNATURE

15M 9/55

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VS. A15ME(5) 5M 9/55 I

MARYLAND	STATE	DEPARTMENT OF HEALTH—BALTIMORE, 1	8
MEDIC	AL EV	AMINIEDIC CEDTIEICATE OF DEATH	

8 07671) Reg. Dist. No. 216

1. PLACE OF DEATH a. COUNTY Montgomerja Maryland				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Marvlar nd b. COUNTY Mont.g.								
and give nearest town	outside corporate limits, wri	IS RURAL		6 days			outside cor	porote limits, write	RURAL o	nd give a	nearest to	own)
d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in h	ospital, give	street address)	d. STREET		56.56		III Fin		e. IS R	ESIDENCE
Suburba	n Hospital				780	00 Mar	ion i	ano				A FARM?
3. NAME OF DECEASED (Type or print)		Smith	laob.	Middle	Las		4. DATE OF DEATH	Mon	th	Doy		Year
5. SEX	6. COLOR OR RACE			NOTMA T	B. DATE OF BIRTI	н		J11 7 29	IFUNDE	RIYFAR		ER 24 HRS.
female	white	WIDOW		DIVORCED [7]	12/22/	ממסר		last birthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	10.5		ISTRY 11. BIRTHPE	LACE (Stote	or foreign			TIZEN O	F WHAT	COUNTRY?
Housewi	fe				N.	C				_II.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		1.361			
Willia	m Smithdea	1			Laura	Smith	h					
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL S	ECURITY NO. 17.	INFORMANT			Address	1			
	() 0.0 8.10 110. 0. 00.00	20.11.00			Hospit	al Re	cords					
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) B		o), and (c).] eral Bron	icho pneu	monia				INTE	RVAL BETWEET AND DE	rs.
Conditions, if an gove rise to immed (o), stating the couse lost.	ny, which (b	Subd	ural 1	hematoma	& cerebr	al la	cerati	Lon			2 w.	ks.
CATIC	ER SIGNIFICANT CON	DITIONS							VEN IN PA			AUTOPSY ORMED?
	SE WAS NTRIBUTING M	Fe	ll do	HJURY OCCURRED. Wn cellar	steps			of item 18.)				
20c. TIME OF INJUS	7/16/5%	Whi			ACE OF INJURY (ctory, street, office home	Home, form, bldg., etc.)		or town)	Mont	ounty)	Md.	(Stote)
21. I certify th	ot I took chorge	e of the	remains	described ob	ove, held on	Autopsy	1	nspection [, Inqui	iry 🗌	, and	find that
deoth resulted	from: Noturol	couses	□, Ac	cident 🛣, S	vicide 🔲, 🕒	domicide	□, U	ndetermined	cause [].		
ACTUAL SIGNATURE	Frank	1.6:	300	rhait		MEDICAL EX					DATE	SIGNED
EXAMINER'S NAME (Type)	Frank J.	/ Broscl	hart			MEDICAL E		_	7/29	/57		
220. BURIAL, CREMATIO REMOVAL (Specify) Cremation	7/29/5			ME OF CEMETERY C	OR CREMATORY			TION (City, town, land, Mo	or county)		(Stot	(e)
23. FUNERAL DIRECTOR Robert A.		у-Ве		la, Md.			BY REGIST		istrar's si		RE NE	on

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BECEINE	u.l.i.		Sedar B	.m. 7/29/57	n Nodel
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Year

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(State)

Reg. Dist. No. 215

	by the funeral director,	2 should be filed with	
	the attending physician and completely filled in	Then please remove carbon papers. Pages !	event within 72 hours after death.
and the manual of the manual o	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director.	age 3 f d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d 2 should be filed with	egistrar prior to burial, crematian, or removal, and in any
20	F	oge	Je re

requires that the death certificate be executed within 24 haurs after death;

ATTENDING PHYSICIAN: The

HOSPITAL

1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY District of Columbia MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Bethesda (Rural 1 Mo. 6 days Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 3343 Nichols Ave., S.E. U.S. Naval Hospital, Bethesda, Maryland YES NO DO NAME OF Middle 4. DATE Manth Day OF DEATH O BRIEN July (Type or print) Cornelius Edward 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days 2 November 1900 DIVORCED 56 White WIDOWED [Male yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Navy (Retired U.S. Connecticut Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patrick O'BRIEN Mary Sugrue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Official Navy Records WW 1 & II Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ **DUE TO** Canditians, if ony, which gave rise to immediate DUF TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CATION PERFORMED? YES NO CERTIFIC 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Haur o. m. Not while of work at work to 22 July June 19 57 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 1:35P. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL U.S. Naval Hospital, Bethesda, Md. 7-23-57 PHYSICIAN'S NAME (Type) Blair M. Webb. LT.MC.USN U.S. Naval Hospital, Bethesda, Md. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington, Virginia Arlington Nat'l Cemetery -26-23. FUNERAL DIRECTOR'S MIGHATURE 240. REC'D BY REGISTRAR PEGISTRAR'S SIGNATURE **ADDRESS** 14th St., NW, Washington, D.C.

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. 1961 88 7NF RECEILA E M

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	07574 CERTIFICA	ATE OF DEATH Reg. Dist. No. 223
	1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
	o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Mont gomery
7	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
	Takoma Park 7/2 days	17-Takama Park
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION.	d. STREET ADDRESS . IS RESIDENCE
	Washington San. + Hospital	7603 Central Ave. VES NO
П	3. NAME OF First Middle	Lost 4. DATE Manth Day Year
	(Type or print) Arthur George	Parks OF DEATH July 19 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	19ale White WIDOWED DIVORCED	March 21:1900 57 yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8U\$INESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
٩	Mechanic	Pennsylvania U.SA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Perry Parks	Mary Ann Louderstein
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANY / Address
	No X	lospital Kezords
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH
	PART I. DEATH WAS CAUSED BY: MCKEY Mount	Tim Salled Fever 12 days
1	104.1 DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate DUE TO	
	lying couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
4		YES NO
	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
		ACT OF INTERVAL
	Hour o. m. While Not while for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
i	p. m. 19 of work of work	7 1/19 83
	21. I certify that attended the deceased from.	192, to 1, to 1 last saw the deceased
	alive on 19 , and that death	accurred at
	ACTUAL MALAN ON COLORS	ADDRESS (Street, city or town, stole) DATE SIGNED ADDRESS (Street, city or town, stole) DATE SIGNED
	SIGNATURE CAMPAGE OF COUNTY	M.D. 1600 Carries and Tax. fore
	PHYSICIAN'S RAYMOND O. WEST.	4 ML
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	
	Bullial July LL, 110/ 1100. Carrier	Camiling Christown Penna.
	23. FUNERAL DIRECTOR'S SIGNATURE By 254 ADDRESS WALL	St. N. Whao. REC'D BY REGISTRAR 246. REC'STRABLES GATURE
	J. William Clasters Haday Jakana Pa	uk D.C. DATE 4/W/S/ / ONOR

CERTIFICATE OF DEATH

BUREAU V. Z.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECEIN			- David	

by the funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CID	10	CERTIFIC	AIE OF DEA	MH		Reg. Dist, I	No. L	23	
1. PLACE OF DEATH a. COUNTY	MONTGOMERY		MARYLAND	2. USUAL RESIDENCE o. STATE MAR	(Where decease	d lived. If instituti b. COUNTY	on: Residence b	pefore odmis OMERY	sion)	
b. CITY OR TOWN (RURAL and give n TAKOMA	(If outside corporate time pearest town) PARK	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo		URAL ond give	nearest taw	n)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, 800 HAYWA				d. STREET ADDRESS / 800 HAYWARD AVENUE on a farm? YES IN NO					
3. NAME OF DECEASED (Type or print)	First Middle MILDRED MARIE			PEAKE	4. DATE Month OF DEATH JULY			Day Year 6 19 57		
FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WHITE WIDOWED DIVORCED			8. DATE OF BIRTH 12/6/94		9. AGE (In years last birthday) 62 yrs.	Months Day	EAR IF UND			
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) WASHINGTON, D.C. 12. CITIZEN OF WHAT WASHINGTON, D.C.										
13. FATHER'S NAME JOHN 1	JOHN KOONTZ THERESA DONOVAN									
15. WAS DECEASED EVI Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of		NONE 17.	r. Donald F.	Peake,	12,332 d	enterhi	ill St	•	
18. CAUSE OF DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ouse per lin	e for (o), (b), and (c).]	y fac	lure			INTERVAL 8	ETWEEN ODEATH WA,	
Canditians, if a	DUE TO	6	Pulmona	ly tub	ercule	sie		54	lare	
gave rise to i cause (a), stating lying cause last.	the under-	:)(:		Sã sever		station		· Ly	ears	
PART II. OT 20a. ACCIDENT W. 20a. CONTRIBUTING (IF EITHER, NOTIFY	er significant con	N DC	Cerotic V	7 / 1	ERMINAL DISEAS		EN IN PART 1(a	PERFO	AUTOPSY DRMED?	
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OCCURRI	D. (Enter nature of injury	y in Part I or Par	t II of item 18.)				
Y 20c. TIME OF INJUI Hour a. gr. p. m.	RY Month, Day, Ye	ar 20d. IN While at work	Not while to	ACE OF INJURY (Home, ictory, street, office bldg.,	farm, 20f. (City etc.)	or town)	(Coun	nty)	(State)	
21. I certify the	hat I attended the	decease		occurred at 30	SPM fel	n the causes a	Zithat I last			
ACTUAL SIGNATURE	ames k	Ca	leman Mil	Mp. 113 C	ADDRESS (S	treet, city or town,	state)		ATE SIGNED	
PHYSICIAN'S NAME (Type)	JAMES A	2.C	OLEMAN	W	ashi	ugtan	12/	Q.C	*********	
220. BURIAL, CREMATIC	7/10/57		ARLINGTON NA			NGTON, VI		(Stat	e)	
23. FUNERAL DIRECTOR	S SIGNATURE	skee	ADDRESS SILVER SPRI	NG. MD. 240.	REC'D BY REGIST	RAR 24b. REGIS	STRATE SIGNA	TURE	In del	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registration to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

BUREAU V. S.

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DECENTED

MANY IN THE PARTY.

FUNER

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220. BURIAL CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. 2/6 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 1057 IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A. The Clinical Center, Bethesda 14, Maryland

PERFORMED?

YES NO

(Stote) (County)

, and that death accurred at _______A_M, from the causes and an the date stated above DATE SIGNED

Bethesda lu. Maryland

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

240. MEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

(State)

Monthespan American Babasey, TETH Ale Elitical Penting desired 21, 24. Paralla | Wille | American Charles | December 23, QUST The Clinical Couper, Rethords I., Maryland the transfer of the state of th The Standard Medical Colors of the Marine Set of July design the way Bothoods ll. Nor

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CERTIFICATE OF DEATH

216 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Montgomery		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Mary)		d lived. If instit b, COUN	ution: Reside	ence before or tgomery	dmission)
Bethesda	(If autside corporate limits	, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF o	utside corpo		RURAL and	d give nearest	town)
d. NAME OF HOSPI OR INSTITUTION The Clin	TAL (If not in hospital, gi	Bet	hesda 14, M	1d.	d STREET ADDRESS 3526	Raymo	or Road		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First Ulri		Middle Bonne	e11	Phillips	4. DATE OF DEATH	1	uly	31,	1957
5. SEX Male	6. COLOR OR RACE White	7. MARRI			8. DATE OF BIRTH March 13, 191	L2	9. AGE (In year last bighday	Months		JNDER 24 HRS.
100. USUAL OCCUPATI during most of wor Lawyer	ON (Give kind af wark drking life, even if retired)		Government	INDUS	TRY 11. BIRTHPLACE (SION Michiga		ountry)		S.A.	HAT COUNTRY
13. FATHER'S NAME Ulrich P	hillips				14. MOTHER'S MAIDEN N		mith			
1S. WAS DECEASED EV (Yes. no. or unknown) NO	ER IN U. S. ARMED FORC (If yes, give wor or dates of set		None		nformant The Med ne Clinical Ce				, Maryl	Land
	the under-	Perit		4 1		igus .	o jepn	· ·	ONSET A	AL BETWEEN AND DEATH ALLYS
ZOO. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	^	MEG-21			NOT RELATED TO THE TERMI	ADEN		SIVEN IN PA	PI	VAS AUTOPSY ERFORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in f	Port I ar Par	t II of item 18.)			
20c. TIME OF INJU Havr a. m. p. m.	10	20d. IN While at work	_ Not while _	20e. PL/ foc	ACE OF INJURY (Home, farm story, street, office bldg., etc.)			(County)	(State)
	Hat I attended the ly 31, Edward (Edward W.)	195	7 and that		occurred at 11:20	nical L Inst	m the cause irreet, city or too Center citutes	and on on store)	the date s	the deceased stated above DATE SIGNED 7/31/57
220. BURIAL, CREMATIC REMOVAL (Specify Cremation	n 18/1/57		22c. NAME OF CEME		R CREMATORY	22d. LOCA	TION (City, tow itland	n, or county	ryland	(Stole)
23. FUNERAL DIRECTOR	r's signature • Pumphrey	F	ADDRESS Bethesda.	Ma	ryland DATE 8-	D BY REGIS		GISTRAR'S S	M. Hora	There

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page A may be retained by the haspital ar attending physician.

TO FUNER A DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 I'd be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

10 S9 1957

DECENTED

	PLACE OF DEATH					ESIDENCE (V	Vhere decea	sed lived. If Insti		lence bef	ore odmi	ssion)
	Montg			MARYLA		Mary		b. COUN	Prin			
200	and give nearest tow		write RURAL	c. LENGTH OF STAY IN	c. CITY O	R TOWN (II	autside cor	porate limits, wri	te RURAL on	d give no	earest tov	vn) 🗸
	Takoma P	ark, Md.		DOA			sville	16.13	72			
99				pital, give street address)		ADDRESS					e, IS RE	SIDENCE A FARM?
-		ton Sanita	arium &	Hosp.	3	OLO Po	owder	Mill Ros	ad			NO V
	3. NAME OF DECEASED		First	Middle	Lo	et	4. DATE	Mor	nth	Day	Ye	ear
-	(Type or print)	Owen	Ora Po				DEATH	July		25		957
	5. SEX	6. COLOR OR RA	1	D NEVER MARRIED	8. DATE OF BIRT	TH		9. AGE (In years lost birthday)	Months	Days	Hours	Min.
-	Male	white	WIDOWED	tend tend	Aug. 6			56 yrs		Duy.	110015	Janes.
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11/	Intelliger		Cer	tral Intell:	gence Ag	ency		Indiana		US	A	1/2
	13. FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME					
134		ancis Mari					?	Shanno	on			
	15. WAS DECEASED EN	/ER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 1	. INFORMANT	30.31	17.19	Addre	16			700
/	Yes	WW 2 . 4	Yrs.		Hospi	tal I	Record	S				
		ATH [Enter only one		or (a), (b), and (c).						INTER	AL BETWE	EN
	PART I. DEA	TH WAS CAUSED BY	(a) Co	ronary Occli	sion					-	ndde	
5	4.20,1	DUE 1										
	Canditians, if		(b)									
2710	gove rise to imme (a), stating the		0						11-11-11			
	cause last.		(c)									
	PART II. OT	HER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEATH BI	T NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	RT I(o) 15	. WAS A	UTOPSY
	PART II. OT					-327				Y		NO K
	20a. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	USE WAS	20b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of i	injury in Par	I ar Port II	of item 18.)				
	CAUSE OF DEATH			None								
	20c. TIME OF INJU	RY Manth, Day,		NJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form	20f. (City	or town)	(Co	unty)		(Stote)
	Hour c. m.		While at wor	1401 WILLIA 1	octory, sireer, diffe	a piog., etc.	1					
	21. I certify t	hat I taak char	ge of the r	emains described a	bave, held ar	Autaps	y 🗍 . II	spection K	1. Inqui	ry [X].	and f	ind the
				, Accident,			_	The second second				
	death resulted						L1, -			3.		
	death resulted	1-	/)	. !!	CHIEF	MEDICAL EX	AMINER				DATE S	GNED
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2	4 10-1	Frank of	Bro	schart	M.D.		AL EXAMINE	R	_			
5	ACTUAL SIGNATURE EXAMINER'S	Frank 9	Bu	schart of	ASSIST.	ANT MEDIC		-	7-	-15	5-3	7
5	ACTUAL SIGNATURE	Frank 9	J. P.	tosch2rt	ASSIST.	ANT MEDIC	EXAMINER	4	7-	-25		
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2	ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	Trank 9 Thank 9 Tha	J. 13		ASSIST.	ANT MEDICAL I	EXAMINER	TION (City, town,	or county)	C,	{State	
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify	Trank 9 Thank 9 Tha	J. F. 57 Son	22c. NAME OF CEMETERY	ASSIST.	ANT MEDICAL I	22d. LOCA	TION (City, town,	8.	C,	{State	

BUREAU V. S.

10 S9 1957

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MEDICAL EXAMINER'S CERTIFICATE OF BEATH

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07578 CERTIFICATE OF DEATH Reg. Dist. No director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) o. COUNTY b. COUNTY filed MARYLAND Taameri b. CITY OR TOWN (If outside corporate limits, write funerol c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) P within 24 hours after d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IT NAME OF Middle 4. DATE Month Day Year OF DECEASED (Type or print) DEATH 19. 9. AGE (In years lost birthday) S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HRS Months Hours Min. DIVORCED T WIDOWED [rbon popers. er deoth. 10o. USÚAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 9 rnest 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one cause per line to) (a), (b), and (c). INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES | NO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 7/11/1957, that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at _//__ M. from the causes and on the date stated above. ADDRESS Abtreet, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. 22b. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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within ?

a. COUNTY

VS A15 (4) 15M 9/55

OR INSTITUTION
Kensington Gardens Nursing Home 3 NAME OF DECEASED (Type or print) 5 SEX Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME James B. Price IS WAS DECEASED EVER IN U. S. ARMED FORCES? 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: 420.0 Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. fl. factory, street, office bldg., etc.) While Not while 19 at wark ot work p. m 21. I certify that I attended the deceased from ...that (last saw the deceased and that death occurred M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE' PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Cedar Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE vlvania Washington

CERTIFICATE OF DEATH.

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BECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1. PLACE OF DEATH

Shipped

23 FUNERAL DIRECTOR'S SIGNATURE

7/12/57

ADDRESS

Rockville, Mi.

24b. REGISTRAR'S SIGNATURE

244 RECID BY-REGISTRAR

ENT OF HEALTH	-BALTIM	ORE, 1	8	0	768	2
TE OF DEATH			Reg. D	ist. No.		216
2. USUAL RESIDENCE (Who a. STATE Ohio		. If institution b. COUNTY	on: Reside	nce befa	re admissi	on)
c. CITY OR TOWN (IF o	utside corporate fin Pleasant	mils, write R	URAL and	give nec	rest town) -
d. STREET ADDRESS (no st	reet add	ress)			ON A	
Randolph	4. DATE OF DEATH	Ju		11	y \	57
November 25,		E (In years birthday) 67 yrs.	Months Months	Days	Haurs	R 24 HRS. Min.
TRY 11. BIRTHPLACE (State Virginia				TIZEN O		COUNTRY?
14. MOTHER'S MAIDEN N						
he Clinical C				, Ma	ryla	nd
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Beth	Bethesda corporate limits, write c. LENGTH OF STAY IN 1b Bethesda 91 days			IN 1b	c. CITY OR TOWN (IF Mount	outside corpo		RURAL and g	give nearest to	wn) 🗸
d. NAME OR INS The	OF HOSPITAL (If not in haspital, HULLION CLINICAL Center	give street odd	esda 14, 1	Md.	d. STREET ADDRESS (no s	treet	address))	ON	A FARM?
3. NAME OF DECEASED (Type or p	ter and	irst A JN	Edwar	d	Randolph	4. DATE OF DEATH		ily	ιι,	1957
5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED [8.	lovember 25,	1889	9. AGE (In year last birthday) 67 yrs	Months	Days Haur	
Coal	OCCUPATION (Give kind of work lost of working life, even if retire Miner	d)	of Business o	R INDUST	Virgini	8	auntry)		J.S.A.	T COUNTRY
13. FATHER'S					14. MOTHER'S MAIDEN					
	s Randolph				Martha					
Yes, no, or until No	(If yes, give wor or dates of	service)	4-01-9790		ormanThe Med ne Clinical				, Maryl	and
Condition of the course (a lying c	rise to immediate DUE Top, stating the <u>under-</u> ouse last.	(b) 10 (c) (c)	trace	u	hold		edi		10	las
CATION	ART II. OTHER SIGNIFICANT CO	NDITIONS CON	STRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERA	AINAL DISEAS	E CONDITION G	IVEN IN PART	PERF	FORMED?
O (IF EITHE	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER	20b. DESCRIE	BE HOW INJURY OF	CCURRED.	(Enter nature of injury in	Part I ar Par	t 11 of item 18.)			
9	OF INJURY Month, Day, Y ur a. m. p. m. 19	ear 20d. INJU While at work	RY OCCURRED Not while of work		CE OF INJURY (Home, for ery, street, affice bldg., et		or town)	(0	County)	(State)
alive o	ortify that I attended the July 11,	e deceased , 1957	from Apri , and that	death	accurred at 2:10	M, from		and an th		e decease ited abave DATE SIGNE /11/57
PHYSICIA NAME (1	AN'S David G.	Nathan,	M. D.	Z/ M	Natio	nal In	stitutes 4, Mary			
22a. BURIAL,	CREMATION, 22b. DATE THERE		2c. NAME OF CEME	TERY OR			JION (City, town		erson (%	bb' Oh:

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	MAKYLAND SIA	THE DEPARTMENT OF HEALTH	-BALIIMORE, 18 17683
	07695	CERTIFICATE OF DEATH	Reg. Dist. No. 216
-	1. PLACE OF DEATH O. COUNTY MONTEGOMERY	MARYLAND 2. USUAL RESIDENCE (Whe o. STATE 1// AR y land	re deceosed lived. If institution: Residence before admission) b. COUNTY AMAGERICAN ERY
	Bethes a A Sh	Re- 10mi BETHESdi	tside corporate limits, write RURAL and give nearest fown)
)	d. NAME OF HOSPITAL (If not in hospitol, give street oddress OR INSTITUTION	10105-Ruc	
	3. NAME OF DECEASED (Type or print) Charles	s. P. Reed	4. DATE OF DEATH Day Year DEATH Day 1957
/	MALE White WIDOWED	NEVER MARRIED B. DATE OF BIRTH DIVORCED Dec. 1, 189	9. AGE (In years / IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
1	10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHER'S NAME	11. MOTHER'S MAIDEN NA	Pali Na Mas U. SA
	JOHN C. REED	L SECURITY NO. 17. INFORMANT	CREAS NIAN
)	(Yes, no, or unknown) (If yes, give wor or dates of service)	03-6315 MRS otilie Re.	Rd. 10705-ROCK RUNDR. Md
	18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under- lying couse lost. (c)	fured Aneurysm, middle ce	reberal artery, left nist and death 8 hours
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 447 X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OR CON	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PREFORMED? YES NO
		HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While Not work of the North No. 19	Not while foctory, street, office bldg., etc.)	20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from alive an	, and that death occurred of 1:25 f	That I last saw the deceased M, fram the causes and an the date stated abave. IDDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City/fown, or carniv) (Stote)
	Sugar (Specific) (lug. 1-1957)	Hot Tincoln	22d. LOCATION (City/fown, or calinity) SY REGISTRAR 24b. REGISTRAR'S SYNATURE
	San Lee & Sons	Trashington De DATGIE	21:57 Dessa Thompson

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1	PLACE OF DEATH	Montgomery		MARYLAND	0.	SUAL RESIDENCE (WI STATE abama	here deceased	lived. If institutio b. COUNTY	n: Residence	e before o	dmission)	
-	b. CITY OR TOWN (RURAL and give n	(If outside corporate limits,	write c. LEN	GTH OF STAY IN 18	с.	CITY OR TOWN (If	outside corpore	ote limits, write RU	RAL ond gi	ve nearest	town)	
	Bethesda	learest lawit)	2	27 days	Bi	Birmingham 40 x 3						
П	d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, giv	e street address)		d	d. STREET ADDRESS					e. IS RESIDENCE	
)		cal Center,	Bethesda	14, Md.	149	4909 Avenue "O"				ON A FARM?		
	3. NAME OF DECEASED (Type or print)	First Sar	ah	Middle Hornsby		Roberts	4. DATE OF DEATH	Jul.		Day 13,	Year 19 57	
	S. SEX	6. COLOR OR RACE	MARRIED 3	NEVER MARRIED	8. DAT	E OF BIRTH	5				UNDER 24 HRS.	
	Female	White	VIDOWED [DIVORCED [No	vember 2,	1928	lost birthday) 28 yrs.	Months [Days H	ours Min.	
1	10a. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. KIND O	F BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Stote	or foreign cau	intry)	12. CITI	EN OF W	VHAT COUNTRY?	
1	Housewife	king me, even in temedi	Non	ne		Alabama				U. S. A.		
1	13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	NAME					
1	Luther J.	Hornsby				Irene The	ornton					
	15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	S? 16. SOCIAL	SECURITY NO. 17	INFORM	MANT The Med	dical F	lecord Addre	ess			
0	No No	(If yes, give war or dates of serv	420-	34-1546	The	Clinical				, Man	ryland	
		ATH [Enter only one caus	e per line for (a), (b), and (c).]							AL BETWEEN	
	PART I. DEA	ATH WAS CAUSED BY:	orlede	· parent								
3	421.4	DUE TO	A	01 41	-	, , , ,						
П	Conditions, if o	, IDI-	CAFIC	shack,	elle	ctrayte	con	renality				
	Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse lost. CAF, Shack, electrolyte doronality (b) CAF, Shack, electrolyte doronality (c) PiC. Clarene of ASD & Pul. Valuella tony											
										1/a) 10 V	VAS ALITOPSY	
2	ICATIO								IN IIN FAKI	P	ERFORMED?	
		AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER]	0b. DESCRIBE HO	DW INJURY OCCUR	RED. (Ente	er noture of injury in I	Port I or Port	II of item 18.)				
	20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Day, Year 19	20d. INJURY C	at while	PLACE OF	F INJURY (Home, form treet, office bldg., etc	n, 20f. (City o	or town)	(Co	unty)	(Stote)	
	21. I certify th	not I attended the a	leceased from	June 1	6	1957 to	July 13	1057	that I la	et sow	the deceased	
	alive onJ		and an	, and that dea		44.15		the causes ar				
	1		0	, one mar dec	im occu			et, city or town, s		e dule s	DATE SIGNED	
	ACTUAL SIGNATURE	1103 R.	E area	Su da		The Clin					7/14/57	
1	SIGNATURE	~		2000	M.D	National	Instit	utes of	Healt	h		
	PHYSICIAN'S NAME (Type)	CARLOS R. LO	MBARDO,	M. D.		Bethesda		ryland				
	270. BURIAL, CREMATIC REMOVAL (Specify) Trans	DN, 226. DATE THEREOF		Union Hi		MATORY	22d. LOCATIO	on (City, town, or ab Alaba			(Stote)	
	23. FUNERAL DIRECTOR	- Kali	stoll	DRESS	phr	1663	D BY REGISTR	AR 24b. REGIST	RAR'S SIGN	NATURE		
	Robert A	Pumphrey	1221 W	isc Ave/	Bet	MICH DATE /-	-10-01	1 Desac	in,	The?	nkacy	

by the funeral director, d 2 should be filed with TO FUNER AT DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 and detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

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requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07579 CERTIFICATE OF DEATH

07686 Reg. Dist. No. 273

	1. PLACE OF DEATH a. COUNTY MONTANAME MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest bown) To to small bown Ominute Ominute	b c. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CARRIED TO SANTAVIUM HOSE	d. STREET ADDRESS 149 - Lectwood Tengce YES NO D
	3. NAME OF DECEASED (Type or print) (Type or print)	Rightis 4. DATE Month Day Year Pearth 7 - 1957
	5. SEX 6. COLOR OR ACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ipst buthday) Manths Days Hours Min
	10a. USUAL OCCUPATION (Give kind af work dane during most of warking life, even if refired)	
1	13. FATHER'S NAME Markey Kraikel	14. MOTHER'S MAIDEN NAME 14- K-MOTOS, Christina Kuznetzoff
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (17 yes, give wor or date of service)	Vashington Sanitarium + Hospital Ran
	18. CAUSE OF DEATH [Enter only one cause per line] far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.	Urombi of pulmonay arteny INTERVAL BETWEEN ONSET AND DEATH
2	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \text{I} \)
		RRED. (Enter nature of injury in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. While at wark at wark at wark	PLACE OF INJURY (Hame, form, foctory, street, affice bldg., etc.) (County) (State)
1	ACTUAL SIGNATURE ELLO TUCCES, PHYSICIAN'S EINO MACT	oth accurred at 52 / A.M. from the couses and on the dote stoted above. ADDRESS (Street, city or lown, state) M.D. 918 Chiversty Blvd. East Silver Spring, Manyland
	Duital 1/10/3/	k Cemetery Washington, D. C.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	M.W. D.C. OAT U. 9 1957 J. Walson Solds

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FOR STATE HEALTH DEPT

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MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delar e-certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fun forwarded to the Chief Medical Examiner's Office along with form PM3, Page 8 may be reloted to the Chief Medical Examiner's Office along with form PM3, Page 8 may be reloted to the Tage 3 should be used as an uncontracting permit. File pages 1 and 2 with the 51 gnoted agent, prior to burial, cremation, or removal, and in any event within 72 years ofter deappropriate.

TO DEPUTY 4 should 0 VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6769 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

•	1, 7	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission)					
	0	Montgomery				o. STATE Maryland b. county Montgomery					
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negreal town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	B	Bethesda			Bethesda X 2						
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
)		6313 Wins	ston Dri	7.0		6313 Win	ston Drive		YES NO TH		
	3. P	NAME OF	Fir		Middle	Last	4. DATE Month	De	gy Yeor		
		PECEASED Type or print)	JOHN	***	RUCE RUS		OF	1057	7 19		
	5. 5			-		DATE OF BIRTH	oury 14	UNDER THE	AR IF UNDER 24 HRS.		
		out brithday) Months						1	-		
	-	Male	White			2/10/33		4 20	21		
	100.	uring most of working	life, even if retired)	done 10b. 1	KIND OF BUSINESS OR INDUS	IKI II. BIKIHPLACE (Sigle	or toreign country)	12. CHIZEN	OF WHAT COUNTRY?		
1		Student		C	College	Florie	da	US			
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
	-	Fran	k R Rus	[[az		Viole	t Bruce				
		WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT	Address				
)	1 4	VO	ir yes, give wor or dores or	2	17-32-2507 F	rank Russe	sl Same as	#2			
			H [Enter only one co	use per line		Talla husse.	pr Dame as	77-6	HTERVAL BETWIEN		
	PART I, DEATH WAS CAUSED BY:										
		IMMEDIATE CAUSE (6) ASPITYALA									
		Conditions, if any, which) As Due to Hanging Sudden									
		Conditions, if an	h	Sudden							
		gove rise to immediate couse (o), stating the underlying DUE TO									
		couse lost.) (c								
	NO.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
)	3								YES NO		
	CERTIFICATION	200. EXTERNAL CAUS	SE WAS	b. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of injury in Part	t I or Part II of item 18.)				
		CAUSE OF DEATH. Hung self by bath towell in bath room									
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)									
	(ED)	Hour o. m. While Not while factory, street, office bldg., etc.)									
	2										
		21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection , Inquiry , and in my									
		opinian death resulted from: Natural causes Accident Suicide Homicide Undetermined manner									
		ACTUAL 2 A R									
		SIGNATURE	rank yo	Bro	schart	hout M.D. CHIEF MEDICAL EXAMINER			DATE SIGNED		
-		EXAMINER'S	. //-			ASSISTANT MEDICAL EXAMINER					
		NAME (Type)	rank J.	Bros	chart	DEPUTY MEDICAL I	EXAMINER X		7/14/57		
	220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THERE)F	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, or	county)	(Stote)		
	F	Burial	17/16/57	,	Columbia G	ardens	Arlington.	T2			
		FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24o. REC'I	D BY REGISTRAR 246, REGISTR	KILSTS IN	n la		
	Ro	bert A.	Pumphrey	B	ethesda, Mar	vland DATE 7-	-16-57 1300	1: 111	16 ruk nor		
	-		J J		,	~	- I Vila	-11/4-1	and I have		

21 AND SECTION OF THE PARTY OF THE BUREAU V. A. 10 18 1021 Transfer to the second of the second of the second Campbing elganico

7 4 3. 5. I 10 113	OECEASED (Type or print) MAIZIE 1	Middle CRAANN ERRANN ERRANN ERRANN ERRANN ERRANN ERRANN DIVORCED	JUNE 14 1896 61	ile RURAL and give nearest town) 4
7 4 3. 5. 1 10	b. CITY OR TOWN (If autside carporate limits, write RURAL and ave nearest town) Bethes do and NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SUDUR DAN) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWE 10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) 10b. HOUSE WIDOWE 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	address) A Middle CREAD NA IED MEVER MARRIED DIVORCED DIVORCED LICENSINESS OR INDUS A N N	LOS H D C d. STREET ADDRESS 4 COC MASS QUE LOS! 4. DATE OF DEATH 8. DATE OF BIRTH 9. AGE (In y lost birthd UNE 114 1896 ISTRY 11. BIRTHPLACE (Stote or foreign cauntry) Wis CONSIN	e. IS RESIDENCE ON A FARM? YES □ NO ☑ Month Day Year 2
J 5.	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SUBURBAN 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWE WIDOWE 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 11a. FATHER'S NAME HOUSE WHO HERE MILES ARMED FORCES? 16.	Middle CRAANN ERRANN ERRANN ERRANN ERRANN ERRANN ERRANN DIVORCED	Lost 4. DATE OF BIRTH JUNE 114 1896 PORTS COUNTY) SALSMAN 9. AGE (In y lost birthd but	Month Day Year YES NO W Month Day Year 2 C 19 3 Feors If UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
J. 5. 13	DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARR WIDOWE 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 13. FATHER'S NAME 14. HERR 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	PERMANN IED NEVER MARRIED DIVORCED KIND OF BUSINESS OR INDUS	SALSMAN DEATH 8. DATE OF BIRTH UNE 114 1896 STRY 11. BIRTHPLACE (Stole or foreign country) Wis CONSIN	rears IF UNDER 1 YEAR IF UNDER 24 HRS loy) Months Days Haurs Min.
I 10 10 13 15 15 15 15 15 15 15 15 15 15 15 15 15	WIDOWE ED DIVORCED	STRY 11. BIRTHPLACE (State or foreign country) Wis CONSIN	yrs. Months Days Haurs Min.	
13	during most of working life, even if retired) HOUSE WITE 13. FATHER'S NAME HERR 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	19 11	WISCONSIN	12. CITIZEN OF WHAT COUNTI
15	OHO J. HERR M		Bertha Sci	.)-
_ (Y		SOCIAL SECURITY NO. 117. II	INFORMANT	hmidi
=	-T		ol. John Salsman	Hood mass ave
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Memia		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	great of loves	a extremita	3 wiehs
7	lying couse lost. (c) an	Ricular Fibra	Man of general arthe	viclimin Severe years
O FICATION	454x		T NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED? YES NO
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in Part I or Port II af item 18	
MEDIC	Hour o.m. P. m. 19 While of work	k at work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	(County) (State
	21. I certify that I attended the decease alive on 7/26/57, 19		accurred at 10 15 11-M, from the caus	es and an the dote stated above
1	ACTUAL SIGNATURE SIGNATURE	~	ADDRESS (Street, city or t M.D. 4301477 St.	
	PHYSICIAN'S SHERMAN A		מדוז.	
	220. BURIAL, CREMATION, 226. DATE THEREOF 13 UP: 41 7-29-57	ABIN OF CEMETERY OF	N NATIONAL ARLI	NETON VA
23	23. FUNERAL DIRECTOR'S SIGNATURE	2.1756Penna	240. REC'D BY REGISTRAR 24b. WENT MUDATE 7-29-57 Be	REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		Description of the Control of the Co		
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4961 I 9NV			Salar Land	100000
BECEIN		ACC COLOR	22-14	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07700 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY	Montgomer	cv	MARYLAND	2. USUAL RESIDENCE o. STATE New	(Where deceosed Hampshi	1 COLINITY		i.cmack		
b. CITY OR TOWN	(If outside carporate lim		NGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)						
RURAL and give	Bethesda (1	Rural) 1	1 mos. 27	days Pena	coock	66	x. 3		- 4	
d. NAME OF HOS	PITAL (If not in haspital, g	give street addres	6)	d. STREET ADDRES	SS			e. IS RE	SIDENCE	
OK INSTITUTION	U.S. Naval	Hospita	1	33 V	later St	reet			A FARM?	
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mor	ith	Day	Year	
(Type or print)	E	dward	Matthew	SAMPSON	DEAT		uly	4	1957	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1000	9. AGE (In years tost birthday)	Months Da			
Male	White	WIDOWED [DIVORCED [November 21	, 1921	35 yrs.	Months Do	ys Haurs	Min.	
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	dane 10b. KIND	OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEI	N OF WHA	T COUNTRY?	
Mari			S. Navy	New Ha	umpshire		U.	S.		
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME					
Al	ma SAMPSON			Hold	la WEST	ER				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		L SECURITY NO. 17.	INFORMANT		Add	ress			
Yes	WWII	Unkn	own (Wife) Mrs. S	Sophia (. SAMPSOI	V (Same	as #a	2)	
Conditions, if gove rise to cause (a), static lying cause last	immediate DUE TO))))	<u> </u>		ERMINAL DISEA			PERF	AUTOPSY ORMED?	
PART II. C	WAS UNDERLYING A	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injur	y in Part 1 or Pa	ort II of item 18.)		162] NO 🛛	
	FY MEDICAL EXAMINER)									
20c. TIME OF INJ Hour o. m	1.	While h		LACE OF INJURY (Home, potary, street, office bldg.		ty or town)	(Сан	nty)	(State)	
21. I certify	21. I certify that I attended the deceased from July 31 , 1956, to July 4 , 1957, that I lost sow the deceased									
actual signature	alive on July 3,, 1957, ond that death occurred of 5:34 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL THE STATE OF THE									
	erald I. Sh					oital, Be		Md.		
220. BURIAL, CREMAT REMOVAL (Speci	TON, 226. DATE THEREO	The second second	NAME OF CEMETERY		22d. LOC	ATION (City, town,		(Sto		
Burial	11-9-57		ossom Hill			Concord		Hamps	shire	
R.A. Pumph	O Tom			hesda, Md PATE		STRAR 235 REGI		Ture	rell	
210210 7 combs	- H J // "		, 500				-1			

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MARIN

			05	
Reg.	Dist.	No.	21	6

o. COUNTY Montgome	erv	MARYLAND	o. STATE Dist.	of Col	b. COUNTY	7.7.		,		
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			URAL and give	nearest town)		
Beth es		2 weeks	X2 Washington 151							
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stree	oddress)	d. STREET ADDRESS				e. IS RESI	IDENCE FARM?		
OK 114311101101	Suburban Hosp).	5430 (Connect	icut Ave	.,N.W.		NO 15		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon			Year		
(Type or print)	Violet	Minion ette	Sav age	DEATH	Jul			19 57		
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Day		R 24 HRS.		
Female	White widow		April 9, 1889		lost birthdoy) 68 yrs.					
10o. USUAL OCCUPAT	TION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU					OF WHAT	10		
Secretar	У	Am. Red Cross	Jamaica,		est Indi	e\$	B.W.I.	•		
13. FATHER'S NAME			14. MOTHER'S MAIDEN		~					
?E	dward A. Sava	0		L1V1rلـا	a Surr	lage				
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	informant arold W.Savage	e, 5416	20th Av	e.Hyatt	sv ill	le,M d		
18. CAUSE OF D	EATH [Enter only one couse per l	ine for (a), (b), and (c).]		,			NTERVAL BE			
PART 1. DEATH WAS CAUSED BY: Hemiolegia cight acute severe								2		
430,0	450,0 DUE TO									
Conditions, if any, which) (b) Arterio salerosis generalised.								41110		
	gave rise to immediate couse (o), stoling the under:									
lying cause lost										
Z PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0		AUTOPSY RMED?		
5 1) Pro	Vieus hemi	NIEGIN ZV	rs agn 2)	Rena	1 taile	140		NO N		
OR CONTRIBUTION	VAS UNDERLYING 20b. DE, IG CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part	Il of item 1B.)					
	JRY Month, Day, Year 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m, 20f. (City	or town)	(Coun	tv)	(State)		
ZOC. TIME OF INJU	. While		actory, street, office bldg., et	(c.)			,,,	(
		<u> </u>	10/10	1,1/1/	1:17	7				
1	that attended the decea		, 19.49_, ta_s	. /	(that I last				
alive an	0/1/4 19	and that death	h accurred at $10:00$		the causes of th			ed abave.		
ACTUAL SIGNATURE	Shwart Sil	aff	M.D. 3921	Ing	amak.	STA	(2) - 7	15.5!		
PHYSICIAN'S NAME (Type)	Stewart	Plapp	(vas	6/5	-DC					
220. BURIAL, CREMAT REMOVAL (Specif		22c. NAME OF CEMETERY	OR CREMATORY		ION (City, town,		(Stote	0)		
Burial	7-8-57	Rock Cree	k Cemetery	WEL	shingto	п, л,	C.			
23. FUNERAL DIRECTO	PR'S SIGNATURE	ADDRESS	240. REC	O'D BY REGISTE	RAR 24b. REGIS	STRAR'S SIGNA	TURE			
Robert A.	Pumphrey B	ethesda, Md.	DATE >	-10-51	Bus	ii Mi	hom	pron		
							- U			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7501 21 JUL 12 1957

THE ARTON A SECTION DANSE OF THE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN (It outside cooperate timits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside corporale limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO M NAME OF First Middle 4. DATE Month Year registr DECEASED (Type or print) DEATH 1957 6. COLOR OR/RACE 7. MARRIED NEVER MARRIED 7. B. DATE OF BIRTH GE (In year 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 50 O 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 218-30-4826 Give no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilions, if any, which plang burial gave rise to immediate cause DUE TO (a), stating the underlying cause last 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 PERFORMED? NO W 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) writing the withing the Medical E OR: Page 3 shi factory, street, office bldg., etc.) Not while at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry , and find that the Chief death resulted from: Natural causes X, Accident . Suicide . Undetermined cause Homicide | ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE de ASSISTANT MEDICAL EXAMINER **EXAMINER'S** forward FUNE NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 PRINCE GEORGE COUNTY, 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SPRING, MD. VS. A15ME(5) tolles DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

necessary, please exertar. Page 4 should be Pages

BUREAU V. S.

BECEINED

VS A1S (4) 1SM 9/SS

. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07580

CERTIFICATE OF DEATH

07693 No. 223 Reg. Dist. No.

7	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)	
1	o. COUNTY monte amery MARYLAND	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Takoma Park 33 hrs.	MARYLAND ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL ord give nearest town) ONLY (If outside corporole limits, write BURAL o	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INISTITUTION	d. STREET ADDRESS . IS RESIDENCE	
)	Washington Sanitarium + Hospital		
	3. NAME OF PIRST Middle	A DATE Month Day Year	
	(Type or print) Gloral Fran	Vo Sheldon DEATH July 30, 1957	
	5. SEX 6. COLOR OF ACE 7. MAIRIED NEVER MARRIED	9. AGE LID years IF UNDER 1 YEAR IF UNDER 24 HRS.	
1	The state of the s	1-24-14 78 ya.	
1	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS Apring most of working life, even if retired)	TRY 11. BIRTHPLACE (State on foreign country) 12. CITIZEN OF WHAT COUNTRY?	
-	secretary level Ochs, Odn	1. Other ERN, low A america	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Edward Sheldon	matter Hobbs	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no for with nown) (It yes, give wor or dates of service)	PORMANT A O O Addrys	
)	10	Jospilas Verras.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		
9	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	al infarelier 60 hours	
Я	420.1 DUE TO		
	Conditions, if ony, which) (b) (promoter, a)	tenogelerous 5 years.	
H	gove rise to immediate couse (a), stating the under-		
	lying cours lost		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY	
0	[3]		
	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter noture of injury in Port I or Port II of item 18.)	
	9		
	Hour o. m. P. m. 19 While Not while of work of work	ory, sincer, onice blugs, etc.,	
	21. I certify that I attended the deceased from 2- 12 Guell	1957 to 3 Queles 1957 that I last saw the deceased	
		a	
1	SIGNATURE Secret T. Kennelle	A.D. 929 Persping Drive Select String	
	PHYSICIAN'S Shought T Winner	And, 309uh's	
	NAME (Type) DERUCH / KIMBLEO	· safney)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d LOCATION (City town or couply) (Stole)	
	CREMATION JULY 31, 1907. CEDARITILL CR	ENATORY FERNAAVERST 12 (500 Md.	
	23. FUNERAL DIRECTOR'S SIGNATURE AF 254 ADDRESS OF S	TreeTN. 10 240. REC'D BY REGISTRAR 2412 RIGISTRAR'S SIGNATURE	
	of weam granges Dakoma Par	12, Md DATE //31/57 7-11 Worn NOUL	
	1		

Coroner released body -75 keneman.

Accident

ADDRESS

22c. NAME OF CEMETERY OR CREMA

SILVER SPRING, MI

CEMETERY

death resulted from: Natural causes [47]

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ACTUAL SIGNATURE **EXAMINER'S**

NAME (Type)

REMOVAL (Specify)
BURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO D

Year

19

Hours

IF UNDER 24 HRS.

Min.

57

Rea, Dist. No.

MONTGOMERY

Day

Days

IF UNDER TYEAR

Months

b. COUNTY

Month

JIII.Y

BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
BURKE, VIRGINIA	U.S.A.					
OTHER'S MAIDEN NAME						
ARY ELLEN RATCLIFFE SKINN	VER					
ANT Address						
Vivian V. Simpson, 241 Pa						
Takoma	Park INTERN SETWEEN					
sion	onset and death sudden					
51.011	Sudden					
	5 St 1979 / Mary 197					
ATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?					
	YES NO					
ure of injury in Part I ar Part II of item 1B.)						
NJURY (Home, farm, 20f. (City or tawn)	(County) (State)					
et, office bldg., etc.)						
eld an Autopsy , Inspection ,	Inquiry X, and find that					
, Homicide , Undetermined cau						
	se [].					
CHIEF MEDICAL EXAMINER	DATE SIGNED					
_						
ASSISTANT MEDICAL EXAMINER	7 / 07					
DEPUTY MEDICAL EXAMINER	1-1-31					
CULPEPPER, VIR	CUNTY) (State)					
240. REC'D BY REGISTRAR 246. REGISTRA	MYSSIGNATURE					
· AHI 5 - 1957	una Nedu					

VS. A15ME(5) 5M 9/55

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BUREAU V. S.

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DECENSED

CERTIFICATE OF DEATH Reg. Dist. No. & PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral uld be fi death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and givernearest town) heol. haurs after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2ATh more YES NO T NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS Months Oct. 24, 1893 Hours DIVORCED T WIDOWED [YES campi 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 1300 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO unknown) None ding 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Artery Thrombosis hours DUE TO þ Coronary Arteriosclerosis permit. Conditions, if any, which venrs gned gove rise to immediate **DUE TO** cosse (o), stating the underpup been si lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased fram 19.57, that I last saw the deceased and that death alive an , fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DIRECTO ACTUAL 4630 Montg. Robert N. Coale, M. d. O HOSPITAL PHYSICIAN'S Ave. Bethesda, Md. NAME (Type) o FUNES page 34 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) remaya from 7/27/1957 Prince Georges Cedar Hill Maryland 23. FUNERAL DIRECTOR'S SIGNATURE R. Contert A. Pumphrey-7557 Wis. Ave. Bethesda, Md ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Virgini		b. COUNTY		nce befor	re admissi	on)
b. CITY OR TOWN (If outside corporate limit	ts, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If or	utside corpo	rote limits, write f	URAL ond	give ned	rest town)	1
Bethesda (I			1 hr. 45 m	in.	Arlingt	ton	83	1.3			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					e. IS RESI	DENCE
	Hospital,	Beth	esda, Md.		2613 S.	. 8th	Street				
3. NAME OF DECEASED (Type or print)	Fir Bab		Middle Boy		tos SMIDDY	4. DATE OF DEATH	Mor Ju	ith	Da 4	•	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	DE DE	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	-	-
Male	White	WIDOW		_	4 July 1957	14.5	lost birthdoy)	Months	Days	Hours	Mis
100. USUAL OCCUPATION	ON (Give kind of work of	done 10b.		INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	DENCE FARM? NO 29 eor 9 57 ? 24 HRS. Hip. COUNTRY WEEN DEATH COUNTRY (Stote) deceased d abave TE SIGNET 6-59
during most of work	king life, even if retired		None		Marylan	Бn			U.S.		
13. FATHER'S NAME	-		MONE		14. MOTHER'S MAIDEN N				3.0		
Joseph Patr	rick SMIDDY				Cynthia Gwe	endoli	n HALL				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT			ress			-
No No	(If yes, give war or dates of so	ervice)	None	(Fa	ther) Joseph	P. SM	IIDDY (Sa	me As	s #2)	
Conditions, if o gave rise to i couse (o), stoling lying couse lost. PART II. OTI	mmediate the under-)	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	PERFO	UTOPSY RMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture of injury in P	Port I or Por	t II of item 18.)			100 200	, 140
Y 20c. TIME OF INJUR	RY Month, Doy, Yes	While		PLA foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		,	(County)		(Stote)
21. I certify the	July	deceas	sed fram 4 Jul: 57, and that of	y death	occurred at 8:201	ADDRESS (S	n the causes of	and on stote)	the da	te state DA	d abave
ACTUAL SIGNATURE	orge J. G.	Ma	aguant	^	u.s. Naval	l Hosp	oital, Be	these	da, l	Md . (SAUTOPSY ORMED? (Stote) Country (Stote)
PHYSICIAN'S GE			aguant int, LT,MC,U		U.S. Nava	l Hosp	oital, Be	thes	da, l		
SIGNATURE	ON, 226. DATE THEREC		22c. NAME OF CEMET	ERY OF	U.S. Nava	L Hosp		the so	da, l	Md . (Stote	

by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 in all be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I the registrate prior to burial, cremation, ar remayal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07697
FOR ST			MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 216
	DEPT.		PLACE OF DEATH COUNTY
Poge filles.		t	CITY OR TOWN II outside corporate limits, write RURAL and give neglect town) ond give neglect town)
essory your	M		Chery Chase 8 yrs x2 Chery Chase
ral directed for deformation of formation of formation of formation of formation of the for	00		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give virter oddress) d. STREET ADDRESS About the STREET ADDRESS AND A FARM? 4007 Thomashel It is residence on a farm? YES \(\sum \) NO \(\sum \)
delay e fune rete death			NAME OF DECEASED Type or print) And Clast Cost And Co
f any to the by be in the	(5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AG (In your) IF UNDER 14EAR IF UNDER 24 HES.
ond 3 5 mc 3 2 will hours	(1	100	VISUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Poge I on	T	0	Nouse of working life, even if relired) Nouse of the life of the
P.M.3.		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME MG R A M. TH. J
24 hour Prom form		15. Ye	WAS DECEASED EYEN IN U. S. ARMED FORCES? 16. 90 GAL SECURITY NO. 17. INFORMANT Address. No. or unknown! If you give wor or dotes of service?
Tithin with	0	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BÉTWEEN ONSET AND DEATH
Item, olong		13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) accide Cardian Jacks
cil in Office I-trons			782.4 DUE TO
ild be er's burial			gove rise to immediate cause ((a), stating the underlying DUE TO
ing" ing os		Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
pendi col E used	0	CATION	PERFORMED? YES NO
Medi Medi		CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port f or Port It of item 18.) CAUSE OF DEATH.
R: Thi the w Chief S shou to bu		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, o, m. White Not white factory, street, office bldg., etc.) (City or town) (County)
MINE riffing oge fre prior		W	p. m. 19 of work of the remains described above, held on Autopsy , Inspection , Inquiry , and in my
ded to OR:	,		opinion deoth resulted from: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner
DICAL priffice prwor IRECT			SIGNATURE FOR BUSCHART M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
Y MEI	, 2		EXAMINER'S FI & CL C C
Perute hould UNE its d		220	NAME (Type) FANKY DEPUTY MEDICAL EXAMINER 7-28-3 BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 4 5 g		23	BUSIAL 7-31-57 PRESENTERIAN CEM ALEXANDRIA VIRGINIA FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD
VS. A1SME 5M 2/S7		4	with bow And Some Windingston DE DATE 30 -57 Benie W. Hough were
			0

BUREAU V. S. I DAY 1927 MECEIN



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	07582 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Takoma Park C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Takoma Park
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington San + Hospital 7411 Hancock Ave VEST NOT
	3. NAME OF DECEASED (Type or print) Keitha Geraldine Smith Death July 22 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Will have 24 1883 744 yes. Months Days Hours Min.
)	100. USUAL OCCUPATION (Give kind of work done of the low during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Canada USA
	13. FATHER'S NAME Alexander Compean Sarah Ann Herrington
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) N.O 191 yes, give wor or dates et service) 10-26-2531 HOSPITAL Records
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO INTERVAL BETWEEN ONSET AMI) DEATH JEN CAUSE ON DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO OR COMPRIBUTING CAUSE OF DEATH OR COMPRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Not while Not while of work of wo
	21. I certify that I attended the deceased from My 14, 1957, to part 22, 1957, that I last saw the deceased alive on 1957, and that death accurred at 25 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S Raymond O. West Takoma Burk
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUFFIELD (Specify) July 26,1957 Rock Creek Cemetery Washington, D. C.
	23) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0760 8

TO THE REPORT OF THE PERSON OF	MAKYLAND STATE DEPARTMENT OF HEAL
AT ANY AND ADDRESS OF THE PARTY	CERTIFICATE OF DEAT
	The second state of the second
BUREAU V. S	
10F 56 1957	Sent 4 Program paying
No. 101	Transfer Company of Population Company
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	13	1	,

	0770	7	CERT	IFIC/	ATE OF DE	ATH			Reg. Dist	. No. 6	1160
1. PLACE OF DEATH o. COUNTY Mo	ontgomery		MAR	RYLAND	2. USUAL RESIDEN a. STATE Mary		ere deceased li	ved. If institution b. COUN	TY	before od	
b. CITY OR TOWN (If our RURAL ond give neare Bethesday	c. LENGTH OF STA		c. CITY OR TOV			e limits, write					
d. NAME OF HOSPITAL OR INSTITUTION Suburbar	d. STREET ADD	RESS	Chase	Lake 1	ni ma	0	RESIDENCE N A FARM?				
3. NAME OF DECEASED (Type or print)	Fin Mai	st	L.		lost Spreckelmy		4. DATE OF DEATH		onth 7	Day 18	Yeor 19 57
5. SEX 6. Female	COLOR OR RACE	7. MARR	DIVORC	RIED 🔲	8. DATE OF BIRTH 6/18/10		9.	AGE (In year last birthday	Manths [and the same	NDER 24 HRS.
0a. USUAL OCCUPATION during most of working Housewife	(Give kind af wark o life, even if retired)	done 10b.	NIND OF BUSINESS Own Home	OR INDU	STRY 11. BIRTHPLAC Distr	E (State o	of Colu		12. CITI2	U.S.	HAT COUNTR
Patrick S.							AME C. John	son			
S. WAS DECEASED EVER IN (Yas. no. or unknown)	U. S. ARMED FOR es, give war or dates of se		SOCIAL SECURITY N		John Spree	ckelr	wer_	A	Dr.		Lake
PART I. DEATH PART I. DEATH IM Conditions, if any, gove rise to imm couse (o), stating the lying cause last.	WAS CAUSED BY: MEDIATE CAUSE (o DUE TO which (b) ediote	A.	retural firters ediovas	ive	Lema - ARTEM at di	nl e: 0 Sel	SCHE	cotic	e MRS	ONSET A	BETWEEN ND DEATH
33/X					NOT RELATED TO TH				IVEN IN PART	PE	AS AUTOPSY RFORMED?
20c, TIME OF INJURY Hour o. ft. p. m.	Month, Day, Yea	White at wark	Nat while at work	20e. PL	ACE OF INJURY (Har clory, street, office bl	me, farm, ldg., etc.)	20f. (City or	tawn)	(Co	lunty)	(State)
21. I certify that alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	l attended the	decease 195	I and the	ly leath	7, 1957, occurred at a	VA COI	M, fram 1 DDRESS (Street West	he causes	Z, that I lo and an tho n, store)		
20. BURIAL, CREMATION, REMOVAL (Specify) Burial	July 20,1		22c. NAME OF CEA				22d. LOCATIO Montg		or county)		Stote)
3. FUNERAL DIRECTOR'S SI	Pumpho	oy!	ADDRESS Silver Spi	ring,	163	6. REC'D	BY REGISTRAL	24b. REC	GISTRAR'S SIGN	, ,	1711 h

101 82 1057

BUREAU V. S.

Reg. Dist. No.

07700 No. 223

O. COUNTY MARYLAND	o. STATE b. COUNTY
MONIGOMERY	Jac,
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TAKOMA PARK GAYS	WASHINGTON. 47X-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WASHINGTON SAN + HOSP.	5104 14th 88. n.w. YES NO P
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) JOSEPH BENJAMIN	STEIN DEATH JULY 14 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF PIRTH 1040 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ATTORNEY LAW.	POLAND UNITED STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB STEIN	NICHE
	NFORMANT Address
(Yes, no or unknown) It yes, give war or dates of service) UNKNOWN OR	REN STEIN, SON 5104 14 USA DI. W.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: METASTATIC	CARCINEMA ONSET AND DEATH
IMMEDIATE CAUSE (o) ME 1773 / PF//C	CARCINOMA 1MO.
	1 1 1 2 2
Conditions, if ony, which gove rise to immediate (b) CARCINOMA	LUNG 3mo
cause (o), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
X .	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CO	
	ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State)
Hour o.m. While Not while fac	clary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. 2-1	1957, to 7-14, 1957, that I last saw the deceased
alive an 7-14, 19 57, and that death	accurred at 4.5 P.M. from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE fames (Munsel	MO. 1801 K ST. N. W. Wach Q.C. 7-14-57
	W. C. Sandarana and an article and a sandarana
PHYSICIAN'S JAMES (MANDES	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lawn, or county) (State)
Survay 7/15-1957 adas Isa	all Cashington De
23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE
Waldleson Fer al 18 117 9 16	Stry DATE 7/16/55 FATILIZED DOUL
yourself from the Tall	The state of the s

VS A15 (4) 1SM 9/55

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VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07708 CERTIFICATE OF DEATH

07701 Reg. Dist. No. 2.16

									1	7
1. PLACE OF DEATH o. COUNTY Montgol	merv		MARYL	AND	2. USUAL RESIDENCE (W. o. STATE		l lived. If instituti b. COUNTY		-	sion)
b. CITY OR TOWN RURAL ond give I	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		rote limits, write R	Wontg		n}
OR INSTITUTION	ITAL (If not in hospital, a	ive street o	8 yrs: ddress)		d. STREET ADDRESS 8510 Sale	m Wav				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Pearl	st	Middle nmi	S	trickland	4. DATE OF DEATH	July 22		/	Yeor 19 57
s. sex	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIES	-	July 9,3,1911		9. AGE (In years last by that yes.	Months Da		ER 24 HRS. Min.
Secretar	ION (Give kind of work or king life, even if retired y H.O.L.C.)			INDUS	Missouri		iuntry)	100000	N OF WHAT	COUNTR
13. FATHER'S NAME	Ct mi alal and				14. MOTHER'S MAIDEN					
	Strickland FOR IN U. S. ARMED FOR	CES2 14 S	OCIAL SECURITY NO.	17 10	Mabel Pow	етт	Add			
No No. or unknown)	If yes, give wor or dates of a		None		enry Strickl	and	Ojus, I			
Conditions, if gove rise to coese (a), stoting lying cause lost	the under-)	TASTAS	ES	LIVER	e, Pe	ERITON	EUM	41	LON.
I CATE				- (2)	NOT RELATED TO THE TERM			EN IN PART 1(PERFC	RMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Part I or Part	II of item 18.)			
20c, TIME OF INJU Hour o. m.		20d, IN. While of work	_ Not while _	20e. PLA foct	CE OF INJURY (Hame, far ory, street, office bldg., et	rm, 20f. (City	or tawn)	(Cour	nty)	(State)
ACTUAL SIGNATURE	hat I attended the	. le 5		death	, 19.5.7, to V accurred at 5 : 50 A.D. 5009 De]	AM, fram ADDRESS (St	the causes of th	ind an the	date state	decease ed abov ATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specific Entombment	1) - 1- 1-	F	22c. NAME OF CEME Fort Line		Mausoleum	22d. LOCAT	ION (City, town, o		(Stot	e)
23. FUNERAL DIRECTOR	R'S SIGNATURE	coys	Silver Spri			-2 4 -5	. 10	STRAR'S SIGNA	Here	i ba

SATISLES LINE	6.4		PELONDON TROOT
		10 Company (10 Company)	
		Cartes in the Country tento	
	Spirit swine fires		V-17 No. 7 10 15 16 18
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. D	ist.	No.

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMO	RE, 18	67	702
	07584	CERTIFICA	ATE OF DEATH		Reg. D	list. No.	223
o. COUNTY Montgome		MARYLAND	2. USUAL RESIDENCE (When		If institution, Reside		imission)
b. CITY OR TOWN RURAL and give Takoma P	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	THE OF THE	s, write RURAL and VEL AND	give nearest	town)
OR INSTITUTION	ITAL (If not in hospitol, give street on Sanitarium &		d. STREET ADDRESS 3 5			1 0	RESIDENCE ON A FARM? S NO TO
3. NAME OF DECEASED (Type or print)	First Anna	Middle D e	Strodtbeck	4. DATE OF DEATH	Month July	Doy 3	Yeor 19 5 \$
5. SEX	6. COLOR OR RACE 7. MARE	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	In years IF UNDE		INDER 24 HRS.
Female	White wow	DIVORCED [8-21-74	82	rthdoy) Months	Days Ho	ours Min.
during most of wo None	ON (Give kind of work done rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S1010 o	r foreign country)		merical	HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			1-11
James Pri	ne e	STATE OF THE PARTY	Margaret Da	ykin			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
No		proposition and and and are a securitaria	Hospital Recor	ds			
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).)	en teritis			ONSET A	AND DEATH
571,1	DUE TO						
Conditions, if	(D)						
gove rise to couse (o), stating	DI IE TO						
lying couse lost	(c)						
PART II. OT	Teneralized	arterioseleros		AL DISEASE CONDI	TION GIVEN IN PA	PE	AS AUTOPSY ERFORMED?
	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ert I or Port II of ite	n 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 20d. II While of wor	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)		(County)	(Stote)
21. I certify t	hat I attended the deceas	ed fram June 20	1 , 1957, to J	uly 3	1957, that I	last saw i	the deceased
alive on J	1 2	- ~	occurred at 1 35 A	M. from the c			
	D AD	nAn	a A	DDRESS (Street, city			DATE SIGNED
ACTUAL SIGNATURE	Bennet U.	Vorley h. m.	M.D. 9301 Coles	ville Rd	., Silver Sp	pring Me	July3
PHYSICIAN'S NAME (Type)	BENNET A. PO	ORTER, JR.				9,	
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	y, town, or county)		(Stote)
TRANS. & B		ACACIA PARK	CEMETERY	CLEVELAN	D, OHIO		0
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS / 01	55 240 PEFIP	BYREGISTRAR	REGISTRAR'S	IGNATURE	N 91
/ (CHALE)	17 Jumph	My 8434 2kg	CAY MIS DATE	0 - 130	17-11	Mod	Law

VS A15 (4) 15M 9/55

CRITISCATE OF DEATH

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BUREAU V. S.

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VS A15 (4) 15M 9/55

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07709

CERTIFICATE OF DEATH

Reg. Dist. No.

07703

1. PLACE OF DEATH o. COUNTY Montgomes	Ty MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		on: Residence before admission) Prince Georges
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Detnesda	c. LENGTH OF STAY IN 16		riside corporate limits, write R Farragut Stre	
d. NAME OF HOSPITAL (If not in hospitol, g		d. STREET ADDRESS Hyatt	sville, Maryl	e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF Fir DECEASED (Type or print)		Swann	4. DATE Mon OF JU	by 22, 19 57
5. SEX Female 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH September 16,	1905 9. AGE (In years lost bushday) 51 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min,
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Secretary	done 10b. KIND OF BUSINESS OR INDU Health Agency	Indiana		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles W.Goss		1	. Stephenson	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) {If yes, give wor or dates of si	facional (acional	INFORMANT The Med		
No	220-32-6399	The Clinical C	enter, Bethes	da 14, Maryland
18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Datte	UAT .		INTERVAL BETWEEN ONSET AND DEATH 40AYS
Conditions, if any, which gove rise to immediate couse (a), stoting the under lying couse lost. CONTROL OTHER SIGNIFICANT) .) IDITIONS <u>CONTRIBUTING TO DEATH</u> BU			/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort I or Part II of item 18.)	YES NO [
20c. TIME OF INJURY Month, Doy, Yes Hour a. m. p. m.	or 20d. INJURY OCCURRED 20e. Pl While Not while for work of work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the alive on July 22, ACTUAL SIGNATURE REPAYSICIAN'S Physician's Pichand K Si		h occurred at 12:45 M.D. The Cli		and on the date stated above state) DATE SIGNED
NAME (Type) RECHARGE N. D.	haw, M. D.		a 14, Marylan	d
220. BURIAL CREMATION, PERMOVAL (Saperify) 7/24/57		Bethesd	a 14, Marylan 22d. LOCATION (City, town, Arlington V	or county) (State)

		TE OF DEAT	ADBITUED TO		
aug topo so				Non-Transf.	
	Parameter Burens	7018	All days		
	to Ivedy , all tyles		121 the shoets	es . The first	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	TR PERMIT	Mane		dia	
			TO SHARE THE REAL PROPERTY OF THE PERSON OF		
		Mary at A	Apropriate Stanl		
	denominadi .	9039TO		an inches god a way of	Na book raptal
DOMESTING.	Menor, Bethand Torne				
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EAU V.	and , so the		A day M. market much tent bee		
15 26 1957	ne de pastal factor				A STATISTICS
	10 122			imate. I bear at	
BEILVE	15/2			70/18/77	

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death.

within 24 hours ofter

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Laytoneville, Ma.

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BUREAU V. S

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102 JUL 31 1957

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MAKTLAND SIAT	CEPTIFIC	TENI OF HEALIF	-BALIIMOKE, I	07705
07711	CERTIFIC	ATE OF DEATH	1	Rog. Dist. No. 2 17
1. PLACE OF DEATH O. COUNTY ON ON GOMESTY	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institutio b. COUNTY	nı Residence before admission)
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limíts, write RU	PRAL and give nearest fown)
d. NAME OF HOSPITAL (ILLapt in hospital, give street oddress) OR INSTITUTION BYOU'VE GYOUE FOUND	etion	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sara &	Middle	tho-pe	4. DATE Month	Doy Year 4 22 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NI WIDOWED ##	EVER MARRIED DIVORCED	8. DATE OF WITH 7-16		Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life even if retired)	BUSINESS OR INDU	DIXON -	Sorieign country)	7/50.
13. FATHER'S NAME RUSSEll		14. MOTHER'S MAIDEN N	511-00	on
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SI [19s. no. or unknown] [If yes, give wor or dotes of service]	ECURITY NO. 17.	ned record.	Brooke Gro	ve Foundation
18. CAUSE OF DEATH [Enter only one cause per line far (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b). and (c).]	Filalla	time -	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	art. S	eleveis,	Schille	15-40
couse (o), stoting the under-	hex-		5	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	TING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRI	D. (Enter noture of injury in F	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OC While Not of work at we at w	while fo	ACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I certify that I attended the deceased from alive on 20 hours, 19 5.		1956, to 21	4	that I last saw the deceased
ACTUAL SIGNATURE Like Borly 2	reoler		ADDRESS (Street, city or town)	
PHYSICIAN'S JOHN BOBLE	J/ 21	EGLER	ELNEY	Most
DEMOVAL (Specify)	ME OF CEMETERY O	DR CREMATORY	nd. LOCATION (City, town, or Laytonsville	(Stole)
23 FUNERAL DIRECTOR'S SIGNATURE Layto:	nsville,	Md. DATE	D BY REGISTRAR 24b, REGIST	TRAR'S SIGNATURE

CERTIFICATE OF DEATH

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Total to M. of Lyangton

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1951 9T 7N

BUREAU V. S.

Reg. Dist. No. 216

PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (V		. If institutions Resid	dence before admission)
Montgomery	MARYLAND	Maryland			tgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate lin	nits, write RURAL ar	nd give nearest town)
Bethesda		BAKK F	lockville		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Suburban Hospital		505 W.	Montgome	ery Ave.	YES NO D
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year
(Type or print) Ada 9	Anna	Trevv	OF DEATH	July	31 19 57
5. SEX 6. COLÓR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
Female White WIDOW	DIVORCED	Sept. 24.		36 yrs. 70	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU				CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virgi	nia		US
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
John B. Pumphrey		Annie	Harner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	narmer	Address	
[Yes, no. or unknown] [If yes, give war or dates of service]	Mana	Man - Man - Ca	TOTAL PROPERTY.	Come	- T4 #2
18. CAUSE OF DEATH [Enter only one couse per ly		Mrs. Thrift		Same a	s Item #2
PART I. DEATH WAS CAUSED BY:	17	.8 /2			ONSET AND DEATH
IMMEDIATE CAUSE (a)	almona	Lalina			12tm
199. DUE TO N	1. 00	201.	1		12 1
Conditions, if ony, which) (b) (a)	rain Cour	gestin you	lure		Balayo
gave rise to immediate DUE TO	1125	A de de	1 0/	71.7	3-2-
lying couse lost. (c)	ucras Des	ulder a	ue 10 (15C	Praauce
O THE SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	PITION GIVEN IN P	PARTIO 19. WAS AUTOPSY
Secral Fusion	~- Clekel	mis CA	1 alid	rumall'	PERFORMED?
200. ACCIDENT WAS UNDERVIDED 206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Port II of	item 1B.)	, , , , , , ,
206. ACCIDENT WAS UNDERLYING 206. DES					
	NJURY OCCURRED 20e. P	LACE OF INJURY (Hame, for	m 20f (City or lov	wa)	(County) (State)
Hour o.m. While	Not while fo	octory, street, office bldg., e		,	(Coomy) (Sione)
p. m. 17 of wor	k of work		1 1 1	-	
21. I certify that I attended the deceas	ed from ACT	, 19+9, to	1 per	, 195,that	I last saw the deceased
alive an 30 miles, 195	2 and that deat	h occurred at 9/5	M, from the	causes and ar	the date stated above
IN N.	11/1	1	ADDRESS (Street, c	ity or town, stote)	DATE SIGNED
SIGNATURE 1915 Many	Kuy/WY	MO B Rely	ullo 6	lande	und 31 fele
la val	//		. /		
PHYSICIAN'S NAME (Type) 10 5 NWY	Phy	Kocku	lle	Ma.	/
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAM OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or count	y) (Stote)
REMOVAL (Specify) Rurial 8/3/57	Darnestown	Ch. Cem	Darnes	stown M	larvland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	246, REGISTRAR'S	
Pohomt A Down		200	-1-57	13000	W Lanukson
Robert A. Pumphrey B	ethesda, Ma	ryland		vocale)	m. prompash
					/

TO FUNERAL DIRECTOR: After this certificate physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of process. VS A15 (4) 1SM 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4

V 201 € 1025

BUREAU V. 2

VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07714

CERTIFICATE OF DEATH

07707

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	1	. If institution b. COUNTY	ni Residence befor	e admission	n) *
Montgomery	c. LENGTH OF STAY IN 16	Teanes			211		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (IF	outside corporate lin	nits, write KU	KAL and give nea	rest town)	1
Bethesda (Rural)	91 days	Chatta	inooga	79 X -	- 3		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress) .	d. STREET ADDRESS			-	ON A F	ENCE
U.S. Naval Hospital, Bethe	sda, Md.	709 Vi	ne Street			YES 🗍	
3. NAME OF First DECEASED (Type or print) Eugene	Middle Franklin	TURNBURKE	4. DATE OF DEATH	July	Do 1.0		
					IF UNDER 1 YEAR		57
CONTRACTOR OF THE REAL PROPERTY OF THE PARTY	IED MEVER MARRIED	8. DATE OF BIRTH	lost	birthday)	Months Doys	Hours	Min.
Male White WIDOWE		8-22-91		65 yrs.			
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Mariner U.		red) Distric			U.S.		OUNTRY?
13. FATHER'S NAME	D. 1101) (11001	14. MOTHER'S MAIDEN		mio Ta_	0.0		
Bugene Clary TURNBURKE		Martha BEA					
	SOCIAL SECURITY NO. 17.	INFORMANT	TAG	Addre		-	
[Yes, no or unknown] [If yes, give wor or dates of service]				Addie			
		fficial Navy	Records				
1B. CAUSE OF DEATH (Enter only one cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-	eleno carcin	oma st. k	idney and	dadi		RVAL BETY ET AND D	
lying couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVE	N IN PART 1(a) 1	P. WAS AL PERFORM	MED?
	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of i	item 1B.)		113	
A Haur a.m. While	NJURY OCCURRED 20e. P	LACE OF INJURY (Hame, far octory, street, affice bldg., et	m, 20f. (City or tov	~n)	(Caunty)		(State)
21. I certify that I attended the deceased from 10 April , 1957, to 10 July , 1957, that I last saw the deceased alive an 10 July , 1957 , and that death accurred at 10. 40A, M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE ACTUAL SIGNATURE M.D. U.S. Naval Hospital, Bethesda, Md. 7-12-57							
PHYSICIAN'S Melvin Rotner, LT	MC USN	U.S. Nava	l Hospita	l, Bet	hesda, M	d.	
20. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-15-57	20c. NAME OF CEMETERY O		22d. LOCATION (county) irginia	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 42 3		C'D BY REGISTRAR			2)	111

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the second analysis pe	of hard solven to be about		£ 10.75.1
Market Land Bridge &	Maria Da la Pina del	City of the China	COLL and property of the country of



VS A1S (4) 1SM 9/SS

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
07715	CERTIFICATE	OF	DEATH	

Reg. Dist. No. 2/6

07708

	1. PLACE OF DEATH a. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ACTION B. COUNTY M. M. T. A. M. M. M. T. A. M.
	b. CITY OR TOWN (If autide carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	X2 KENSINGTON
M	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
P. Commercial Commerci	SUBURBAN-	1 4108 EVERETT ST. VES NO PT
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print) MARY EMMA	- TURNER DEATH JULY 2 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	PEMALE WITCHE WIDOWED DIVORCED	AUS 4 - 1870 S yrs. 10 28 Hours Min.
1	10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	RETIRED HOUSEWIFE	NEW JERSEY USA.
	A3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FREDEXICK NORLEY TURNE	R CLARA NIESBITI
	[Yes, no, or unknown] [(If yes, give wor or dates of service]	NFORMANT Address
0	NO. KONE M	AS EVELYN TURNER LANG (VAVERTER)
	18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYO	cardial tailure 6 days
	420.0 DUE TO 1. + 1	1-4. X N
	Conditions, if any, which gave rise to immediate (b)	holic Mearl Disease
	cottse (a), stating the under-	ancie andicad
	lying couse last. (c) /T/ PP/O SC/E	TOSIS GENERALISEA
0	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200 ACCIDENT WAS INDERLYING TO 120h DESCRIBE HOW INTERPRED	D. (Enter nature of injury in Part I for Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (cities native of injory in 7 dir 1/or 7 dir in dir insin 16.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the state of work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
	p. m. 19 of work of work	
	21. I certify that I attended the deceased fram.	1954, to JU/12, 1957, that I last saw the deceased
	alive an JULY 2, 1957, and that death	accurred at 1.55 p.M. from the causes and an the date stated above.
	I DIONA	ADDRESS (Street, city or town, state) DATE SIGNED
1	SIGNATURE SELLUAN SERVICE	40. 3421 Ingomar 5th. 6-7:3:57
	PHYSICIAN'S S to Company	hinely in Da
	NAME (Type) O / EW ar/ C/U)/)	W451113 D.C.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (State)
		emetery Fairmount, Newark, N. J.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda Ma:	ryland DATE/-10-5) 1 Dessee M. Showbay

CERTIFICATE OF DEATH!

BUKEAU V. Z.

JUL 12 1957

BECEINED

\$	1
FOR	STAT

HEALTH DEPT.

a. COUNTY

NAME OF

DECEASED (Type or print)

male

Lahor 13. FATHER'S NAME

(Yes, no, or unknown)

couse fost.

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

CERTIFICATION

5. SEX

inecessary, please of director. Page for your files. files. Heolth, DOU'T

with Id be executed within 24 hours after death.
In pencil in Item, 18. Give Poges 1, 2, and
In Coffice along with form PM3. Poge 5.

Coffice along with form poges 1 and 5. 50 0 he word "pending" in pencil in Ite Thief Medical Examiner's Office all shauld be used as a burial-transit buriol, Chief MEDICAL EXAMINER: 3 writing to the Poge certificate, w farworded t DIRECTOR: Should 0

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Takoma Park Delight d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington San & Hosp. YES NO Vandiver 4. DATE Yeor DEATH Vandiver July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR IF UNDER 24 HES 63 yrs. Months Days Hours April 25, 1894 white WIDOWED [DIVORCED | Qa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown 14. MOTHER'S MAIDEN NAME Nettie John Z. Vandever Windows 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address III yes give was as dates of service! Hospital Record 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Thoracic Hemorrhage IMMEDIATE CAUSE (o) hrs. DUE TO Crushed Chest Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES X NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Backed over by truck Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) Construction job While Not while While al work Adelphia P.G. Md. of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted from: Notural causes , Accident , Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7/25/57 Frank J. Broschart DEPUTY MEDICAL EXAMINER PURIAL EREMATION. 2289 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county). (Stole) ADDRESS FUNERAL DIRECTOR'S SIGNAT 240. REC'D BU NEGISTRAR

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VS A15 (4) 15M 9/55

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BUREAU V. R.

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Ttems/ CERTIFICATE OF DEATH 07586 Reg. Dist. No directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE h COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe P d. NAME OF HOSPITAL (If not in hospital, give street oddress) d_STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Month Day Year DECEASED OF DEATH (Type or print) 19 3 5. SEX 6. COLOD OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS lost birthdoy) Months Hours Min. DIVORCED T WIDOWED [yrs. 100. ISUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY uring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph RA Vieau Mary Linderborn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) NE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) urs DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES [7] NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. ft. While Not while of work of work p. m. 21. I certify that I ottended the deceased from Jaly, 1952, that I lost saw the deceased , and that death occurred at 6 A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S 3 vuno NAME (Type) FUNER age 3 220. BURIAL CREMATION, 226. DATE THEREOF 22G-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EC'D BY REGISTRAR 246 REGISTRATISSIGNATURE 15M 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07717

CERTIFICATE OF DEATH

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	0.3.2.	Reg. Dist. No. 2/00
1	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
	MONTGOMERY MARYLAND	a. STATE 7) b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bethesda 15dAYS	MARYLAND SO
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR-INSTITUTION	d. STREET ADDRESS 19911- Lr. O. A. H IS RESIDENCE ON A FARM?
Į	SUMBARDAN	Dilver Sariny YES NOD
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) I RYING MARTIN	WEINNAMIDEATH JULY 10 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	Male WIDOWED DIVORCED	24NE 24 1904 53 yrs.
)[10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDL during most af working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
4	MY I ENGINEER DOY'T	INEW YORK State 4.5. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ŀ	HRTHUR WIMMAN	EMMA Scheibe
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. (Yes, no. or unknown) Ilf yes, give wor or dotes of service)	INFORMANT Address S. S. M. d.
-	No Nort	MRS Jud. The Weisman - 9911 Ind. Anhane
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Concard	Macmiosis 23 days
	buf TO	
1	Canditians, if any, which gave rise to immediate (b)	J
1	casse (o), stating the under-	
1	Z lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURTED OR CONTRIBUTING CAUSE OF DEATH CITY OF THE PROPERTY OF THE P	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO R
1	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Port II of item 18.)
- 1		
1	- L	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) actory, street, affice bldg., etc.)
1	Haur a. m. 19 While Not while at work at work	proof, moet, direct blug, etc.)
1	21. I certify that I attended the deceased fram 17 June	2. 1957, ta / Jerly , 195/that I last saw the deceased
1	alive an Stuly 1957, and that death	h accurred at 6.15 A.M., fram/the causes and an the date stated above
-1		ADDRESS (Street, city or town, state) DATE SIGNED
1	SIGNATURE William & County	MD. 9006 Colonelle Rd /1/457
	PHYSICIAN'S William D. Aud	Selver Spring my
F	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, ar county) (State)
	Cremation 7/12/57 Fort Linco	In Crematory Prince Georges County Md.
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASh.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	The S.H. Hines Co. 2901 14th St., N	· W. DATE MILO 157 MOUN HARKANN

The strategy of the production of the strategy WATAUR. 105 12 1057 BECEIN E EDES, OD HERE!

4

22c. NAME OF CEMETERY OR CREMATORY

Silver Spring, Md.

ADDRESS

Fort Lincoln Mausoleum

226. DATE THEREOF

July

220. BURIAL CREMATION.

Burial

REMOVAL (Specify)

27. FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE

ON A FARM?

YES NO ...

Year

5 YEARS

PERFORMED? YES NO D

(Stote)

DATE SIGNED

(Stote)

Md.

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATE

Prince George's County.

24b. REGISTRAR'S SIGNATURE

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within OR FUNER 3 0

page VS A15 (4) 15M 9/55

1957 1957

07719 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1				Keg. Dist	7. No/
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where on STATE Virgini	deceased lived. If institution, Residence b. COUNTY	e before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	de corporate limits, write RURAL and gi	ve nearest town)
1	d. NAME OF HOSPITAL (If not in hospitol, give struction U.S. Naval Hospital, Bet		d. STREET ADDRESS 719 Hal	lwood Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) John	Middle (nmn)		DATE Month OF DEATH July	Doy Yeor 20 19 57
		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 26 May 1895	1. 41. 41.	YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Mariner	Ob. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or fo	preign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
V	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E .	
	Frank WILKES		Nancy BEALE		
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes WW-I & II		nformant ficial Navy Rec	Address	
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	denocusain	ome of Rig	and Graph wholes	13 months
2	PART II. OTHER SIGNIFICANT CONDITION H 9	S CONTRIBUTING TO DEATH BUT VILLA VILLA SESCRIBE HOW INJURY OCCURRED	immer; 6	atheroselessis	1(o) 19. WAS AUTOPSY PERFORMED? YES 10 NO
	20c. TIME OF INJURY Month, Doy, Year 20c	lac	ACE OF INJURY IHome, form, 2 tory, street, office bldg., etc.)	POF. (City or town) (Co	ounty) (State)
	21. I certify that I attended the dece alive on 20 July 19 ACTUAL SIGNATURE PHYSICIAN'S Thirl E. Jarre	57,, and that death	ADD M.D. U.S. Naval Ho	July , 19 57 that i lo A, from the causes and on the PRESS (Street, city or town, state) Ospital, Bethesda,	Md. 7-20-57
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-24-57	22c. NAME OF CEMETERY OF	R CREMATORY 22d	I. LOCATION (City, town, or county) Arlington, Virgin:	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE R.A. Pumphrey, 7557 Wis-	ADDRESS	24a. REC'D BY	REGISTRAR PREGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the funeral director, page 3 hold be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages, and 2 should be filed with the regy or prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

	R.P.
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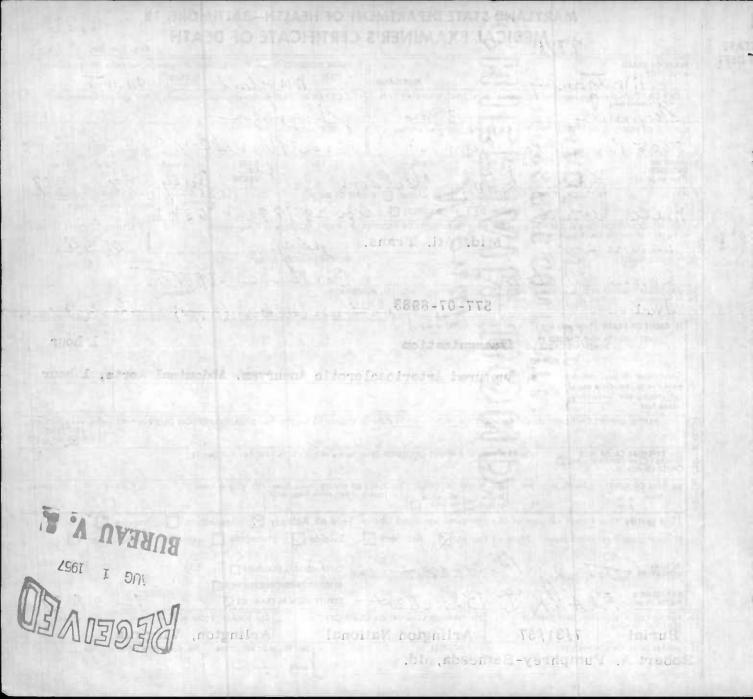
For

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. of PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND B. CITY OR TOWN III outsto corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) unner d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give weet address) & STREET ADDRESS e. IS RESIDENCE ON A FARM? 5005 5005 YES NO 1 NAME OF Middle Month Year DECEASED (Type or print) DEATH MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Dovs WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mid. Atl. Trans 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war ar dates at service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN 1 hour PART I. DEATH WAS CAUSED BY: Exmamguination IMMEDIATE CAUSE (0) DUE TO Ruptured Arteriosclerotic Aneurysm, Abdominal Aorta, 1 hour Conditions, if ony, which gove rise to immediate cause DUE TO (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS CERTIFICATION PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection 1. and in my apinion death resulted fram: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE: ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 1226, DATE THEREOF 22d. LOCATION (City, fown, or county) REMOVAL (Specify) 7/31/57 Arlington, Virginia Burial Arlington National 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

exec 4 st VS. A15ME 5M 2/57

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FOR STATE HEALTH DEP al director. Page of for your files. Saard of Heolth,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0772 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Monte	MARYLAND	2. USUAL RESIDENCE (W		d lived. If institu b. COUNT	Y	ntg	mission)
b. CITY OR TOWN (II	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write			lown)
and give nearest town)	ithersburg.	24 Yrs	XO Gaither			ral		
	AL OR INSTITUTION (If not in h		d. STREET ADDRESS	Spare	na.	1.21.7	e, IS	RESIDENC
			R F D-3					NO [
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	1	Doy	Yeor
(Type or print)	James	Leslae	Wood Jr.	DEATH	July	20	th	1957
. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 18.	DATE OF BIRTH		. AGE In years	IF UNDER 1	YEAR IF UN	-
Male	White WIDOW	VED DIVORCED T	June 22-193	33	lost birthday)	Months D	8 Hours	Min.
Do. USUAL OCCUPATIO	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDUST			- A		EN OF WHA	T COUNT
during most of working		lockenical Pm	Tom Domina	A 112		***	C .	
TOOL & ME	Reuthest M	echanical .En	14. MOTHER'S MAIDEN N		l.	U	SA	
	T 200 - 3				Mark W.			
James			Helen E.	101	nson			
	ER IN U. S. ARMED FORCES? 1		IFORMANT		Address			
		218-30-7926.	Lawrence I	Es Es	ge. Gai	thers	hurg.	Md
I GOVE FISE TO IMMED	Hole coute t							
gave rise to immed (a), stating the u couse lost. PART II, OTH	DUE TO (c)	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPS
(a), stating the u	DUE TO (c) ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART		ORMED?
PART II, OTH 200. EXTERNAL CAU PRIMARY PO CON CAUSE OF DEATH.	DUE TO (c) ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N IBE HOW INJURY OCCURRED. (E.				EN IN PART	PERF	ORMED?
PART II, OTH 200. EXTERNAL CAU PRIMARY PO CON CAUSE OF DEATH.	DUE TO (c). SER SIGNIFICANT CONDITIONS USE WAS NTRIBUTING 20b. DESCR TABLE Y Month, Day, Yeor 20c. WH	IBE HOW INJURY OCCURRED. (E.) 38 Cal peats 1. INJURY OCCURRED 200. PLACE 200.		or Port II o	fitem 18.)	(Coun	YES [ORMED?
PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour Hour J 3 0 p. m.	DUE TO (c)	IBE HOW INJURY OCCURRED. (E. J. 38 Col. pesti I. INJURY OCCURRED J. INJURY OCCURRED	nter nature of injury in Port Linto Reco E OF INJURY (Home, form, street, affice bldg., etc.) Hime	or Port II o	f item 18.)	(Coun	PERF YES []	(Stote
PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour of m. 21. I certify th	JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JER WAS NTRIBUTING THE TOTAL TO THE TOT	IBE HOW INJURY OCCURRED. (E. J. 38 Col. prot. I. INJURY OCCURRED 20e. PLAC iile Not while work of work 21	nter nature of injury in Port Anto Auro E OF INJURY (Home, form, ry, street, affice bldg., etc.) Hime ve, held an Autopsy	l or Port II o	or town) Thus bers spection 2.	(Coun	YES	(Stote
PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour of m. 21. I certify th	JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JER WAS NTRIBUTING THE TOTAL TO THE TOT	IBE HOW INJURY OCCURRED. (E. A. 38 Cal. peaks I. INJURY OCCURRED Not white work of work to the work to	The nature of injury in Port Record R	20f. (City of Lamicide	or town) Thus beso spection [2]. Undete	(Coun	YES	
(a), stating the ucouse lost. PART II, OTH 200. EXTERNAL CAUP FRIMARY OF CANSE OF DEATH. 20c. TIME OF INJUR Hour of Manager of Death. 21. I certify the opinion death of ACTUAL	JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JER WAS NTRIBUTING THE TOTAL TO THE TOT	IBE HOW INJURY OCCURRED. (E. A. 38 Cal. peaks I. INJURY OCCURRED Not white work of work to the work to	The control of injury in Port Auto Auto Auto Auto Auto Auto Auto Aut	20f. (City of Case) I amicide AMINER LEXAMINER	titem 18.) Thus bers pection [2]. Undete	(Coun	YES	(Stote
(a), stating the ucouse lost. PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour of m. 21. I certify th opinion death ACTUAL SIGNATURE EXAMINER'S, NAME (Type)	JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JER SIGNIFICANT CONDITIONS JULY Month, Day, Yeor Ju	IBE HOW INJURY OCCURRED. (E. A. 38 Cal. peaks I. INJURY OCCURRED Not white work of work to the work to	The nature of injury in Port Purch P	20f. (City of Case) Aminer AMINER EXAMINER 22d. LOCATI	titem 18.) Thus bers pection [2]. Undete	(County) Inquiry rmined management	PERF YES D	(Stote

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any dele execute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the fig. 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be regarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be regarded FUNITY at DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the second resignated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter deaths. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

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VS A1S (4) 1SM 9/SS

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Virginia			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
	Bethesda	174 days	Norfolk			
>	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
	The Clinical Center, Bet	hesda 14, Md.	1200 East Princess Ann Road YES NO			
)	3. NAME OF First DECEASED	Middle	Lost 4. DATE Month Day Year			
	(Type or print) Fannie	May	Worrell DEATH July 17, 19 57			
П	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.			
	Female Negro widow		October 28, 1917 39 yrs.			
1	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDL				
	Housewife	None	Virginia U. S. A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
٦	Ernest Smith		Bulah Perry			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes_no or unknown] [If yes, give war or dates of service]		INFORMANT The Medical Record Address			
	No Unas	certainable	The Clinical Center, Bethesda 14, Maryland			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) INTERVAL BETWEEN ONSET AND DEATH ONSET					
	gove rise to immediate cause (o), stating the <u>under:</u> lying couse lost.	590020- YO				
,	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO D			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)				
	A Hour o. m. While		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (State)			
21. I certify that I attended the deceased from January 24, 19 57, to July 17, 19 57, that I last saw the decalive on July 17, 19 57, and that death occurred at 11:359 M, from the causes and an the date stated of						
1	ACTUAL SIGNATURE Signature M.D. The Clinical Center 7/7/5 National Institutes of Health					
	PHYSICIAN'S David J. Kinse	y, M. D.	Bethesda 14, Maryland			
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	norfolk, Va			
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langton and Langton and Langton and Langton and Bessie My Champerox					

1921 33 TAI 1944 . 1921

Charle J. Kirkey, K. D.